

MURDER, MAYHEM, AND MOURNING:
A QUALITATIVE STUDY OF THE EXPERIENCES, REACTIONS,
AND COPING MECHANISMS OF HOMICIDE SURVIVORS

A Dissertation

by

CLINTON EDWARD QUISENBERRY

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2009

Major Subject: Counseling Psychology

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ABSTRACT

Murder, Mayhem, and Mourning: A Qualitative Study of the Experiences, Reactions,
and Coping Mechanisms of Homicide Survivors. (May 2009)

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Previous research has greatly ignored the unique stressors that homicide survivors experience following the murder of their loved one, indicating a general lack of understanding of the experiences and reactions they are subjected to or the coping mechanisms that they utilize. What little research that had been conducted has largely been made up of anecdotal insight of psychological practitioners who had worked with clients. A need exists to speak with the survivors themselves to chronicle their experiences in as much detail as possible to help researchers and practitioners wrap their mind around the totality of the loss as well as ground future research.

The participants in the study consisted of twelve persons who had immediate family members who had been murdered. Participants were interviewed utilizing Lincoln & Guba's Naturalistic Inquiry paradigm. They were initially interviewed and encouraged to discuss their loss in narrative and then were asked a series of specific questions that may or may not have been discussed during the narrative.

The collected data was analyzed utilizing the constant comparison methodology. Results indicate that many homicide survivors feel overwhelmed by the changes that occur in the short and long term. None of the participants reported positive experiences interacting with mental health practitioners but virtually everyone endorsed peer-group support. There was also evidence that participants whose loved one was murdered by a person of an ethnicity that differed from their own resulted in racist feelings towards the other ethnicity. Further, there was no evidence that the process of interviewing homicide survivors was in and of itself negatively perceived or harmful; rather some participants reported feeling relieved that they were able to discuss their loss in totality without having to edit themselves.

Results suggest that homicide survivors may spend an unusual amount of time reflecting on the person that their loved one may have become had they not been murdered. Suggestions also include how to best notify and support homicide survivors and how practitioners may best relate with their clients.

DEDICATION

To my parents,

Bobby R. and Patricia A. Quisenberry,

Who told me I could accomplish anything I set my mind to and
whose lives have shaped my existence far more than their deaths ever will.

And my wife,

Carrie Hanna,

Whose love, kindness, friendship, and (dare I say) patience continues
to inspire me as the alpha and omega in my life.

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As I reflect on my life leading up to and including graduate school, I'm uncertain if I could possibly name everyone that had a lasting effect on me but I will make an effort to be as comprehensive as possible.

I would first like to thank my chair, Dr. Linda Castillo for her help in organizing the monster that became this research project. You were instrumental in helping me see the forest on more than one occasion when all I saw were trees. I would also like to thank my committee: Drs. Dan Brossart, Ludy Benjamin, Jr., and Sharolyn Pollard-Durodola. Dr. Brossart, I will always treasure our talks about whatever odd topic happened to come up. I would like to thank Dr. Benjamin for helping me merge two of the academic loves in my life, psychology and history, and make them so damned interesting! I'm not sure I'm going to be one of your coveted recruits, but you opened my eyes to new opportunities. I would also like to thank Dr. Durodola for coming in at the end of this research project to help with my methodology and questioning some of the choices that I had made (honestly!).

I would also like to thank Dr. Donna Davenport for her help academically, professionally, and personally. You have greatly affected the way that I conceptualize the way I practice. I have come to cherish our relationship as it has become increasingly more personal and look forward to continuing our friendship in the future.

I could not properly acknowledge everyone who contributed to the person I have become without acknowledging two people I met during the most difficult moments in my life, Detective Bob Murphy and Carroll Ellis. Bob, you are perhaps the most

honorable man I have met who is consistently working with the worst element in the world while simultaneously able to be one of the most compassionate people I have ever met. I admire your humanity and ability to keep your family at the center of your life when so many others have failed in their attempts. Carroll, you may very well have the biggest heart that I have ever met and your ability to reach out and help others, occasionally at your own expense, is without parallel. You are as kind and helpful as you are knowledgeable, which is a rare gift.

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I would also like to thank my participants, who opened their homes, lives, and hearts to a complete stranger in the hopes that the information collected would benefit others. We shared candid conversations beyond the scope of this project, I was introduced to family, and sometimes participated in meals which made me feel like I was more than an intrusion into your lives. Your selflessness and openness was absolutely essential for this project to amount to anything beyond a collection of people talking about events that happened in their lives. From the bottom of my heart, please accept my sincerest appreciation.

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CHAPTER I

INTRODUCTION

Purpose of the Investigation

The purpose of this investigation is to contribute to the literature the severity that homicide survivors are affected after the loss of an immediate family member to homicide. Knowledge in this arena may assist researchers design models of loss that incorporate the totality of their experiences as well as support investigative practices that will meaningfully contribute to the literature. Further, it will assist clinicians in wrapping their minds around the experiences of the participants in this study, which may assist them with their own clients. Although numerous studies in the past have talked *about* homicide survivors thus far, no one has spoken *with* them. Previous research indicates that the totality of their experience supersedes normal loss paradigms that are applicable to many other populations indicating a general ignorance by researchers and clinicians alike (i.e. Amick-McMullan, Kilpatrick, Veronen, and Smith, 1989; Armour, 2002a; Rando, 1993; Sprang & McNeil, 1995). So the question becomes “What are the experiences of this population and how do we effectively interact, support, and help them as mental health professionals?” An effective method of answering this question is to conduct a number of ethnographies of persons who have already experienced this kind of loss and determine the experiences that were the most helpful as well as hurtful. The hope of this study is to determine initial and long-term reactions, factors that complicated their loss, coping strategies, and patterns of adaptation.

Definition of Terms

Terms specific to this study are listed and defined below:

- Bereavement - the circumstance of having suffered the death of a loved one (Elders, 1995; Rando, 1988). Rando (1988) and Worden (1991) have described bereavement in terms of its normalcy as well as the need to experience specific reactions to the loss.
- Complicated Mourning – the process whereby the normal grief process is either absent, delayed, inhibited, distorted, or chronic. Previous research has determined that specific incidents, including a sudden and unexpected death during the course of a random and violent event – such as homicide – are more likely to complicate the bereavement process (Armour, 2002a; Rando, 1993).
- Grief - the emotional, social, and somatic reaction to the loss which will gradually incorporate the loss into the griever's gestalt (Rando, 1988). Previous research has suggested that the expression of grief during the bereavement process has immeasurable health benefits (Bowlby, 1980; Vachon & Stylianos, 1988).
- Homicide - "...[t]he willful (nonnegligent) killing of one human being by another" (FBI, 2008). Definition used interchangeably with *murder*.
- Homicide Survivor – An immediate family member (i.e. parent, child, sibling, or spouse) who has mourned the loss of a victim of homicide (Amick-McMullan et al., 1989; Armour, 2002a).

- Mourning – the social or cultural process of expressing grief about the loss of their loved one (Rando, 1993).
- Murder – “...[t]he willful (nonnegligent) killing of one human being by another” (FBI, 2008). Definition used interchangeably with *homicide*.
- Secondary Victimization – “...(The) negative social or societal reaction in consequence of the primary victimization and is experienced as further violation of legitimate rights or entitlements of the victim” (Orth, 2002, p. 314).

Characteristics of the Study

The purpose of this study was to talk *with*, rather than talk *about*, the population that has been directly affected by loss due to homicide. Previous research has been critical that the gestalt of loss due to homicide is “...fragmented and do[es] not reflect a consistency in research direction” (Armour, 2002a, p. 115). It was expected that by utilizing the homicide survivor’s ethnography that a deeper understanding of the specific events, feelings, turmoil, complications, and coping strategies that are common with this population would become evident. Through narrative, it is hoped that a normative threshold will be established that can assist clinicians as well as lay-persons who are affected by the murder of a loved one. This text also aspires to elicit understanding and encourages research programs that facilitate effective treatment interventions.

CHAPTER II

REVIEW OF THE LITERATURE

Background Information

Although the Federal Bureau of Investigations (FBI, 2008) defines homicide as “...[t]he willful (nonnegligent) killing of one human being by another”, Spungeon (1998) suggests that, “The family of a murder victim has a different definition: the blackest hell accompanied by a pain so intense that even breathing becomes an unendurable labor” (p. xix). According to the United States Department of Justice (USDoJ, 2008) and the United States Bureau of Justice (2008) there were approximately 17,034 homicides in the United States in 2006 (the last year these statistics were available) which equated to a rate of 5.7 United States citizens per 100,000 who were murdered that year; this rate escalated to 102 per 100,000 for African American males aged 18-24, the ethnic and gender group most likely to have been a victim of homicide. When one considers that this rate compounds every year, the number of persons that are murdered over the course of a normal person’s lifespan are staggering – it is estimated that a total of 425,000 persons have been murdered in the past 20 years in the United States alone (Armour, 2002b; USDoJ, 2008). The most violent year during this time was 1991 when a total of 24,703 people were murdered and the least violent year, 1999, when 15,522 lives were the victim of a homicide. It has been estimated that 9.3% of adults in the United States population have been directly affected by the homicide of a close friend or relative (Armour, 2002b). Of these murders, approximately 38% will remain unsolved (FBI, 2008).

Homicide Survivors

A common misconception is that there are no survivors of a murder (Spungeon, 1998). Although the concept of a homicide survivor may seem impracticable, it is a term that is utilized by living family members – typically parents, siblings, spouses, and children – who have lost a loved one via homicide (Amick et al., 1989; Armour, 2002a). Over the past 20 years, experts have begun to recognize how traumatic the loss of an immediate family member is to the remaining family, frequently recognized as a “homicide survivor” (American Psychological Association Task Force on Victims of Crime and Violence report, 1984; Amick et al., 1989; Armour, 2002a; Asaro, 2001a; Spungeon, 1998).

How Homicide is Different from Other Forms of Loss

What makes murder different than other forms of loss (e.g. natural death, illness, accident, suicide, etc.) ? It is unique in that it is a malicious, willful, and intentional act propagated by a person or persons who have a complete disregard for the fundamental social fabric which makes up virtually every culture on earth (Redmond, 1996). Amick et al. (1989) described how homicide survivors differentiated in their mourning, describing the process as more intense in the “...depth of horror, rage and vengefulness, and in the persistence of anxiety and phobic reactions observed” (p. 23). Redmond (1989) described the “normalcy” surrounding the loss of a homicide:

Homicide survivors may present symptomatic behaviors characteristic of PTSD up to five years following the murder of a loved one. *This becomes a normal range of functioning for this distinct population* [italics added]. All homicide

survivors with whom I have worked were assessed with some characteristics of PTSD...a history of nightmares, flashbacks, fear of strangers, emotional withdrawal, eating and sleeping disturbances, constant intrusion of thoughts of the murder, case-related associations, irritability, angry outbursts, and avoidance of reminders. (p. 52)

Understanding of Typical Grief Process

In order to differentiate homicide from other forms of loss, it may be beneficial to describe how loss is typically understood, and to some extent, treated by practitioners. Although a number of specific models have sought to understand the mourning process via a “stage-model” of grief (e.g. Kübler-Ross, 1969; Bowlby, 1963), they were fundamentally models of change rather than models of grief. Further, practitioners were cautioned about pigeonholing those experiencing grief due to the dynamic nature of the mourning process (Rando, 1993).

Alternatively, Rando (1993) identified three phases of grief and mourning that were conceptualized as a non-discrete phase model that encompassed the normal loss paradigm. In short, it was designed to help conceptualize the grieving process as a dynamic course where the mourner ebbed and flowed throughout the three phases. The phases were identified as avoidance, confrontation, and accommodation. The avoidance phase is marked by feelings of being overwhelmed after the loss and the shock of losing an important person in one’s life. Confrontation is marked by the yearning for the deceased and the finality of the death is absorbed. Finally, accommodation is the

process by which the griever gradually begins to reintegrate into the social and emotional milieu and begins to create a new identity.

Limitations of Current Treatment Paradigms

The level of distress that homicide survivors commonly present with is considerable, and treatment paradigms, like Rando's Three Phases of Mourning model, do not adequately address the totality of the loss. Sprang and McNeil (1995) provided a candid, insightful, and sobering description of Sprang's first encounter with a homicide survivor:

As a young clinician, armed with comprehensive knowledge of grief theories and a scholarly understanding of the empirical evidence available on death and dying, the senior author went forth into an initial therapy session with a 28-year-old client who was seeking assistance with dealing with the murder of her parents three months prior. The initial plan was to formulate a treatment program based on a "stage model" of grief and to provide support and reassurance through a calm and self-assured presence. The self-confidence was quickly challenged by the disparity between the textbook depictions of grief and the presenting symptomology....The horror of the events this client had been exposed to over the past three months and the duration and intensity of her psychophysiological response to the murder were overwhelming. The realization that the traumatic nature of the deaths had had a profound impact on the physical, psychological, and spiritual being of the individual created a personal and professional challenge. (p. 65)

Current theories revolving grief simply do not reflect the range of reactions that homicide survivors present with such as the depth of horror, anger, desire for revenge, phobic reactions, or persistence of anxiety (Amick-McMullan et al., 1989). Although grief is certainly one aspect of the death, it is but one facet of a complex matrix of symptoms with which survivors present.

When a homicide survivor is notified of her or his loss, it appears that the survivor's adaptive coping mechanisms are simply overwhelmed and are unable to integrate the sudden, violent, malicious, and intentional act into their own personal gestalt. This results in traumatic symptoms that interrupt, exacerbate, and complicate the grieving process (Armour, 2002a; Redmond, 1996). The traumatic reactions appear to have a multidimensional effect that exceed normal loss paradigms (e.g. Rando's Three Phases of Mourning model) and impair a homicide survivor's cognitive (e.g. intense rumination, nightmares, intrusive thoughts, desires for revenge), affective (e.g. overwhelming mood swings, rage, dissociation, anger, horror, numbness, depression), physiological (e.g. disturbance in quality and quantity of sleep, headaches, increased startle response, changes in appetite, gastrointestinal discomfort, increased heart rate, somatic and startle responses), and behavioral (e.g. phobic evasion of homicide-related stimuli, increased self- and family-protective behavior) facilities (Amick-McMullan et al., 1989). According to Armour (2002a), they may also be:

...accompanied by anxiety due to feeling endangered and apprehensive, helplessness, and powerlessness caused by the realization that one cannot undo or recover what has been lost, survivor guilt, and personality disturbances related

to efforts to ward off anxiety and aggression....[t]he depth of the disorientation and personal fragmentation creates severe anxiety that can cause a person to feel as if they are disintegrating. (p. 111-112)

Familial Relationship

Previous researchers (Farrugia, 1996; Horowitz et. al; 1981; Sprang & McNeil, 1995) have conducted studies in an attempt to discern if the kind of first-degree relationship mattered in relation to the severity of the bereavement. The results indicated that each group that they individually studied (loss of a child, loss of a parent, and loss of a spouse, respectively) was worse off than the other groups. These data led Miranda, Molina, and MacVane (2003) to conceptualize that homicide preempts normal loss expectations (i.e. that the loss of a child may be more difficult than the loss of a parent) and that one's closeness to the deceased is more important than the label utilized to separate one generation from another. This appears congruent with previous research which has indicated that homicide survivors present with more trauma symptoms than grief (Amick-McMullan et al., 1989; Armour, 2002a).

Michalowski's Model of Violent Death

Although several theories have been advocated for the perpetrators of violent crime (e.g. Crabbé, Decoene, & Vertommen, 2008), only one model has been adopted to describe the personal and/or social regard of the survivors of the actual crime. Michalowski (1976) espoused his theory regarding the social meaning of a violent death, "It is the manner of dying, and not the death itself, that determines the social meaning of any death" (p. 83). He felt that violent deaths threatened the social fabric and were thus

dealt with as a public problem. The evidence he used was the amount of time, money, and human resources utilized in combating violent crime at the local, state, and federal levels. He also compared the social importance placed on a murder versus a fatal automobile accident, which was a far more common occurrence. Michalowski described five “dimensions of death” that, when violated, resulted in greater social meaning, and as such, represented a greater social threat which progressively built on one another: inevitability, controllability, intent, deviance, and social utility. *Inevitability* described how much social meaning was attributed to deliberate acts versus accidental behavior when “fate” was no longer a satisfactory explanation. *Controllability* was similar to inevitability but differentiated itself by the willful, and thus controllable, element of homicide. *Intent* related how willful acts could be controlled, and thus murder was determined to be a deliberate (versus accidental) act. *Deviance* described the violated social norms that were discarded when the willful act was committed and the subsequent social importance placed on discouraging similar behavior by both the perpetrator as well as others that might commit similar acts. Finally, *Social Utility* illustrated that no utilitarian contribution occurred when a homicide was committed.

It should be noted that although this theory appears to be the best fit for this population, there is no evidence that it has been tested. Further it has only been cited twice in the psychological field over the course of the last 33 years and only in the context of acknowledging the model (Dannemiller, 2002; Armour, 2006).

Reactions to Loss via Homicide

Although theories of underlying processes and models of treatment to loss have been remarkably thin or completely absent for homicide survivors, descriptions of the reactions to the loss have received more attention. These descriptions include the distress of how their loved one died, the resulting cognitive dissonance, anger, guilt, and fear/withdrawal from previously important activities.

Torment over Details

Homicide survivors frequently report a preoccupation with the details of their family member's death, something that Rynearson (1988) referred to as *grotesque death imagery*. If a family member actually witnessed the death of their loved one this preoccupation can occur as well, but this process is also described by survivors who have no first-hand knowledge of the homicide (Staudacher, 1987). The information that they do have is fragmented from a variety of persons including the police, witnesses, and the press which may have conflicting information about the deceased. Homicide survivors worry and fixate on the way in which their loved one died, how long they were aware of the event leading up to their death, if they were tortured or raped, or if they had suffered (Asaro, 2001a, Staudacher 1987). When data is incomplete, it is not uncommon for homicide survivors to ruminate about and "relive" the information they know coupled with scenarios that they have created in their minds.

Asaro (1992) quoted one survivor, "...the question I have...that's (gone) through my mind so many times is how he must have suffered" (p. 42). In an unrelated interview, Asaro (2001a) described another survivor and her unrelenting fixation on the

loss, “All Marian could think about was how afraid Tina must have felt just before she died” (p. 97). Staudacher (1987) relayed the experiences of another survivor, “If only I knew...if I could just *know* she wasn’t tortured. But I keep imagining that those things he did, the things that were in the paper about the other women, happened to her, too. I haven’t slept for six months” (p. 200).

Cognitive Dissonance, Shock, and Paralysis

One cannot comprehend how shocking the notification of a homicide in one’s family can be. Homicide survivors may initially be stunned by their inability to wrap their mind around the events as they are reported (Asaro, 2001a, Redmond, 1996; Staudacher, 1987). Initially family members may simply deny the possibility that such an event could occur. There is no preparation for a murder – so swift, so violent. The sheer horror of the event does not lend itself to logic, comprehension, or the ability to find meaning. The tidal wave of affective responses drowns the ability to meaningfully comprehend the events. Even as time progresses and days turn into weeks which turn into months, the affective shock may remain. Staudacher (1987) suggests that the “robot-like detachment” protects the survivor from a reality which is too difficult and painful to assimilate.

Armour (2002b) related how one survivor recounted reacting upon being notified of her daughter’s murder, “I walked around the house and around the house, screaming and screaming until daylight” (p. 374). Staudacher (1987) relayed one mother’s experiences following the loss of her daughter:

Our world was shattered. In the first few weeks we were literally held up by friends and neighbors, who surrounded us with love and caring. Then there came a time when this dropped off, as it naturally does...But a very vital part of the family was gone. My world would never be the same. And it *amazed me that the rest of the world went on as usual* [italics added]. How could I do things like shop for groceries or clean house when my Lisa was dead? I couldn't think of anything else. (p. 195)

Anger and Desire for Revenge

Perhaps one of the most difficult emotional reactions for many homicide survivors to internalize is the level of anger and/or revenge fantasies that they experience (Asaro, 2001a; Redmond, 1996; Staudacher, 1987). Although anger is an inherently healthy emotion (APA, 2005), survivors report incremental levels that supersede and complicate the mourning process (Rando, 1993; Redmond, 1996). The desire to harm those that murdered their loved one can conflict with their own moral and religious values, especially if those thoughts *exceed* those that their loved one experienced (i.e. torture; Redmond, 1996). As those thoughts and feelings struggle for dominance, survivors are more likely to feel shame, internalize their feelings, and ruminate, leading some survivors to wonder if they are any better than the person who murdered their loved one. A number of survivors have been noted to retreat from their familial and social network due to fears that they, the homicide survivor, now represents a danger due to these increased levels of rage and desire for revenge. Redmond (1996) sums up the

dichotomy well, “The internal conflict within one’s own sense of values, beliefs, and sense of justice is overwhelming” (p. 56).

Miranda, Molina, and MacVane (2003) recounted one of their group member’s recollections of his internal struggle:

I’m so sick of the pain. I feel as if I can’t make it by myself. My relatives tell me I should stop complaining and just move on. Yet, I can’t let go of the anger, but maybe I should. (p. 58)

Asaro (1992) related one member’s feelings of anger and her inability to vocalize her frustration to others:

“Bubba” is the big brute who’s going to rape this guy (in prison). Yeah...that seems to me it would be one of the worst things that could happen...for him to lose control...but you can’t say that stuff out in polite society. (p. 40)

Guilt and Self-Blame

As we mature into responsible adults, we come to believe that we are inherently responsible for our actions and, to some extent, the effect that those actions have on others (Asaro, 2001a; Redmond, 1996; Staudacher, 1987). After a homicide notification, this sense of responsibility can exacerbate to unhealthy levels, resulting in “What if’s ...” better known as *survivor’s guilt*. This phenomenon is typically experienced when the homicide survivor feels that he or she could have somehow changed one key event – regardless of how reasonable that change might have been – which would have resulted in their loved one not being in the wrong place at the wrong

time. This process underscores the need to attribute blame to *someone* even if that person was never in a place to meaningfully change the series of events.

Redmond (1996) reflected on one client who reported that her 15-year-old daughter had requested a 30-minute extension on her curfew to attend a neighborhood party, which was granted. That evening, the daughter was assaulted, robbed, raped, and murdered. The father silently blamed the mother for allowing the extended curfew. The mother also blamed herself for the murder because she allowed the extra time. Neither parent spoke of their secret burden until the mother sought psychological help after experiencing prolonged feelings of suicidality due to her self-blame.

Fear and Withdrawal from Previously Important Activities

Survivors often express feelings of fear and a desire for self-isolation after a homicide occurs in an attempt to bar themselves from further physical or psychological harm (Redmond, 1996; Staudacher, 1987). In extreme cases, these reactions can become phobic and appear paranoid in nature. Many will chose to self-isolate in an attempt to minimize their risks in a cold, unpredictable world.

Redmond (1996) recalled one mother of a murdered 10-year-old girl who stated that her elderly aunts, who lived together, no longer answered the phone after three o'clock in the afternoon, or attended any social events. According to this client, the women spent their lives attempting to avoid being informed that someone else they knew had been murdered. Staudacher (1987) recalled a man whose wife had been murdered in a 'serene neighborhood' and went from being a 'happy-go-lucky guy' to carrying a gun

on his person everywhere he went. He also reported that the man began to drink heavily to ‘keep the demons at bay.’

Miranda, Molina, and MacVane (2003) reported about a group member who wanted to interact with others but simultaneously could not imagine having the resources to do so:

Every night, I’m afraid to fall asleep because when I do, I have nightmares about the murder. I’m afraid of the loneliness and have no one around for support, yet I’m afraid to trust others. Part of me wishes the killer was dead. That scares the hell out of me. (p. 60)

Complicated Mourning and Complicating Factors

Although many mourners are able to progressively work through their grief, many get “stuck,” an experience referred to by Rando (1993) as *complicated mourning*, a process whereby the normal grief process is either absent, delayed, repressed, distorted, or persistent. Previous research (e.g. Rando, 1993) has suggested that complicated mourning differs from “normal” bereavement in several facets, including problems with expression (i.e. absent, delayed, or inhibited mourning), skewed aspects (i.e. distorted or conflicted mourning), and problems with closure (i.e. chronic mourning). Other research has determined that specific incidents, including a sudden and unexpected death during the course of a random and violent event – such as homicide – are more likely to complicate the bereavement process (Armour, 2002a; Rando, 1993). Complicated mourning may manifest itself in a variety of ways including: chronic feelings of anger, oversensitivity, alienation, withdrawal,

persecution, fear of intimacy, inability to experience various emotional reactions associated with bereavement, and an extraordinary death anxiety fixation which focuses on oneself or others. Failure to identify and address complicated mourning can result in increased incidence of depression, anxiety, substance abuse, and post-traumatic stress disorder (Asaro, 2001a; Rando, 1993).

When one begins to dissect complicated bereavement and reverse-engineer the process by which bereavement *becomes* complicated, a pattern begins to emerge. Homicide survivors are especially susceptible to complicated bereavement because of the intensity of external stressors which exceed most survivors' internal resources. Perhaps the most prolific stressors occur by those whom homicide survivors expected would be most supportive.

Secondary Victimization

Secondary Victimization is the perceived socially hostile response after a homicide, regardless of intention, that violates the survivor's assumptive world, and in doing so, re-victimizes them (Asaro, 2001a; Spungeon, 1998). Acts of secondary victimization can be either active or passive in nature. Some homicide survivors have described secondary victimization as worse than the primary loss because it commonly occurs at the hands of persons who the survivor expected to help them with the loss (Rando, 1993; Spungeon, 1998). Survivors can be made to feel excluded as legitimate mourners and unsupported in their loss. The most common perpetrators include the police, the criminal justice system, the media, family and friends, and mental health providers (Armour, 2002; Asaro, 2001; Rando, 1993; Redmond, 1996; Spungeon 1998).

Police

The police are typically charged with contacting and informing the nuclear family after a homicide has been committed (Redmond, 1996; Staudacher, 1987). Besides the incredible burden placed on the investigator reporting the homicide, their responsibility is to investigate and secure the arrest of those guilty of the homicide (Redmond, 1996). It is not uncommon for the family to be placed under a great deal of scrutiny until law enforcement officers are content that family members are not involved in the crime. The family may want to know more information than the officer either has or is willing to share. A homicide detective's responsibilities do not include empathy for the bereaved.

During the initial notification and subsequent meetings with the police, it is not uncommon for homicide detective to ask a plethora of questions about the victim, including some which may be considered insulting to the family (e.g. drug use, gang activity, history of prostitution, etc.; Redmond, 1996; Staudacher, 1987). During this time of impaired emotional and mental function, it is still likely that the family will have these encounters etched into their minds with vivid clarity for the rest of their life, being able to quote lines of text verbatim, how the officer looked, and even the way she or he carried themselves (Redmond, 1996).

The gross impact of these various interactions with police may be substantially different than the way that they interacted with law enforcement in the past (Redmond, 1996). Whereas for most of one's life, the police may have been historically perceived as advocates that kept "bad people" from hurting "good people" they may now be

perceived as the person or persons who inappropriately informed them of their loss, asked tactless questions, or perhaps even accused them of taking some role in the deaths of their loved ones (Redmond, 1996; Staudacher, 1987). If the homicide survivor's perception of the police is significantly altered within the course of the murder investigation, it may play a role in re-victimizing the homicide survivor.

Criminal Justice System

If one can imagine a personal loss like a homicide that had been committed against one's family, it may be natural to perceive the wrongful death as personal loss. As such, one may assume that they would reasonably have some influence into the way that the perpetrator was punished within the legal system. Unfortunately, murder is considered a crime against the state (Asaro, 2001a; Armour, 2002b; Orth, 2002; Redmond, 1996; Spungeon, 1998; Staudacher, 1987). Although some prosecutors may ask or confer with the family of the murder victim with regard to the way that they proceed legally, they are under no legal obligation to communicate with the victim's family throughout the prosecution of the perpetrator. Frequently deals are made with the perpetrator before the family is made aware that plea negotiations are even being discussed (Redmond, 1996). Alternatively, the family may feel that the agreed upon punishment does not mete the severity of the crime (Redmond, 1996; Spungeon, 1998).

Even if the perpetrator is brought to trial, the legal process can take years before the defendant gets her or his day in court (Redmond, 1996). Throughout the duration of the prosecution, there are numerous pleas, motions, hearings, trials, sentencing procedures, and appeals, all of which the survivor may attend. Unfortunately, there are

frequent communication breakdowns between the District Attorney's office and the family of the deceased as to when these events take place (Spungeon, 1998). Even if the family does manage to come to the trial, it is not uncommon for the defense to try to restrain homicide survivors from entering the courtroom by placing the victim's family on their witness list. This tactic can effectively bar the family of the deceased from the trial (if the judge allows it; Miranda, Molina, & MacVane, 2003; Redmond, 1996; Spungeon, 1998). If the family is allowed to observe the trial, they may be subject to character witness statements that may suggest that perpetrator was incapable of the crime if the victim of the crime had not done *something* to goad the person responsible for their murder (Redmond, 1996).

Yet another impediment is that many feel that a conviction will bring a sense of closure; the truth is that a conviction rarely brings the resolution they were hoping for (Spungeon, 1998). Sprang and McNeil (1995) indicated, "It has been said that the family and friends of murder victims (and often society as a whole) are victimized twice, first by the criminal and secondly by the criminal justice system" (p. 67). Many active participants in the criminal justice system report that they feel disillusioned with the process afterwards (Williams, 2002). The culmination of failed expectations, powerlessness, and lack of resolution throughout and/or after the judicial process may make the homicide survivor feel revictimized.

Media

The media work under the assumption that the public has a right to know all information in the public domain (Coté & Bucqueroux, 1996). News reporters

frequently approach survivors of homicide in an aggressive manner, sacrificing accuracy and tact in order to make sensational headlines and meet deadlines (Redmond, 1996; Spungeon, 1998). Further, family members may not know that they have the right to refuse media requests (Armour, 2002b, Asaro, 2001a; Redmond, 1996). Even if requests to be left alone are made, reporters are not *obliged* to fulfill those requests; the first amendment of the United States Constitution protects the rights of reporters to convey the news but as of this date there is no protection *from* the press (Redmond, 1996). Further, if they agree to an interview, they may be misquoted.

There is also no implied confidentiality for homicide survivors as there are in other acts of violence, such as with sexual assault, thus homicide survivor's public and even private lives can become common knowledge to hundreds of thousands or even millions of people overnight (Redmond, 1996). A mother's verbal assault may summarize how many homicide survivor's feel about the press after they had printed inaccurate information about her deceased son, "... 'You don't know me... You don't even know my son! The only reason you can do this is because he's dead. He can't even defend himself.... What you've done is absolutely wrong.... I hope you never lose anyone'" (Armour, 2002b, p. 378).

Perhaps Coté and Bucqueroux (1996) had the most insightful thoughts about why the media has consistently had such a negative effect on homicide survivors:

It is ironic (and sad) that no editor would send a reporter who had never seen one to cover a football game, yet rookies are routinely thrown into the crime beat with little or no special instructions or preparation. More troubling still is that

many veterans still see this as an amusing and necessary test of fire, which supposedly toughens the breed as it weeds out the weak and the incompetent – with no concern for the victims mauled by the process. (p. 6)

It is perhaps the lack of compassion and humanity of the press during what is perceived in the moment as an unendurable burden that may create the capacity for re-victimization.

Family and Friends

Those who have lost immediate family members may be shunned and/or blamed by family and friends for the death (Armour, 2002a; Armour, 2002b; Asaro, 2001a; Redmond, 1996; Spungeon, 1998; Staudacher, 1987). The stigma attached to a homicide survivor's family may not just collectively and morally be held in low esteem but even devalued (Spungeon, 1998). Staudacher (1987) reported that one survivor succinctly described her frustration, "People don't know what to say to you so they avoid you like you have a disease" (p.202). Spungeon (1998) related her own personal frustration, "The co-victims are subjected not simply to a conspiracy of silence but to a state of invisibility" (p. xi). During a group session, Armour (2002b) reported that one of her members related advice given to their family, "The book of Margaret. She told us about a number of things. It sounds like a cliché but [she said] we would be rewriting our address book" (p. 377). In fact, many homicide survivors report that their social network disintegrates virtually overnight following the murder of a family member (Armour, 2002a; Armour, 2000b; Asaro, 2001a; Rando, 1993; Redmond, 1989). In the short term, this may occur because friends and family simply do not know what to say,

they may want to blame *someone*, or they may feel that they cannot deal with the loss themselves. In the long-term, family and friends may react with impatience and irritation with the length of grieving process. Many survivors feel betrayed, powerless and vulnerable by this abandonment when they feel they need support the most.

Belief in a Just World

Although reactions such as those described under secondary victimization may appear counterintuitive, they are consistent with the Belief in a Just World theory (BJW; Armour, 2002a; Correia & Vala, 2003; Correia, Valla, & Aguiar, 2001; Lerner, 1980; Redmond, 1996; Spungeon, 1998). The BJW implies an orderly world where each person gets what she or he “deserve” (Humphrey & Zimpfer, 1996; Lerner, 1980). Previous research has suggested that some people create negative opinions about those who have been victimized (e.g. rape victims) based on their need to defend themselves against the fear of violence (Armour, 2002a; Correia and Vala, 2003). Another way to describe the phenomenon is that good things happen to good people, and, conversely, because I live my life well, “that could not possibly happen to *me*.” The theory holds that virtually everyone holds BJW to some degree because it allows us to make long-term plans for the future; belief that we have fundamental control over our lives and that random acts of violence are *not* random (Correia & Vala, 2003).

According to BJW theory, people with a strong BJW justification believe that there are no innocent victims (Lerner, 1980; Spungeon, 1998). The need to preserve BJW, even when presented with evidence to the contrary, leads others to blame the victim/survivor. Inconsistencies to the Judeo-Christian belief system norms in the

United States – such as homicide – run contrary to BJW beliefs that the world is inherently right, honest and fair, making resolution between this dichotomy difficult to assimilate (Redmond, 1996). Five common reactions that are perpetrated on survivors of violent crime due to BJW views include isolation, blame, slander, stigmatization, and injustice (Armour, 2002a; Rinear, 1988).

Mental Health Care Providers

One of the most common – and surprising – perpetrators of secondary victimization are the counselors who work with homicide survivors (Rando, 1993; Redmond, 1989). Working with survivors of homicide may evoke the counselor's own BJW, especially when the violence appears to be truly random (Redmond, 1989). The realization that the client's loss could have just as easily been the counselor's may be daunting (Rando, 1993). Further, the level of distress that homicide survivor's commonly present with is considerable; it is not uncommon for them to describe not only their initial loss but the secondary victimization perpetrated by others, including other mental health providers. The combined net effect of the horror described in a safe therapeutic relationship can overwhelm the therapist's ability to connect and meaningfully help the client. The resulting feelings of emotional alienation from professional mental health care providers can spark feelings of secondary victimization. Rando (1993) described some of the difficulties that homicide survivor's have reported in the past:

Unfortunately, much secondary victimization is perpetrated upon these individuals by caregivers otherwise committed to helping those in distress.

Victimization is sometimes blatant, sometimes subtle. Nevertheless, it remains a sad commentary on how fear can bring out the worst in us. (p.552)

Alternatively, Redmond (1989) reported that one homicide survivor chronicled their attempt to receive mental health services from fourteen separate agencies requesting help. Redmond also reported another survivor who was placed on hold while the secretary asked in the background “Does ANYBODY know ANYTHING about murder?” (p. 3) before ultimately reporting that no one at the agency could help.

Coping Strategies

Literature on the coping strategies of homicide survivors is remarkably thin in relation to the already diminutive literature on homicide survivors. Yet when one considers how one changes after a traumatic event – how one (hopefully) begins to recover – common sense dictates that some form of coping is necessary. Not all coping strategies are necessarily good strategies and there was no attempt to create an exhaustive list of possible mechanisms one might utilize.

Support Groups

Several sources advocated the use of peer-groups made up of members who had all experienced the loss of a loved one to homicide (Armour, 2002b; Redmond, 1989; Staudacher, 1987; Wemmers, 2002; Williams, 2002). This was typically split into two groups: victim services and peer-organized groups. Many metropolitan police stations have organized victim services that advocate on behalf of homicide survivors (along with other victims of violent crime, such as rape). Victim services range in services from one location to another and are not available in all locations. Advocates working

for victim services are typically employees of the city and typically have at least a master's degree in social work. Services vary from one location to another, but some form of individual advocacy is available in the short term coupled with longer term organized peer support.

Peer-organized groups are precisely what they sound like: groups that were formed by homicide survivors for homicide survivors. Although local and international leadership may exist, it is primarily for the purposes of organization rather than a hierarchy one might expect within victim services. Examples of peer-organized groups include Parents of Murdered Children (PoMC; contrary to the name, they welcome all homicide survivors) and Compassionate Friends.

Faith

One's faith appears to play a pivotal role for many after the murder of a loved one, although the way in which it is influential is individual (Asaro, 2001b; Armour, 2002b; Spurgeon, 1998). As one might suspect, some feel closer to their deity whereas others feel abandoned after a homicide notification; the literature supports both views. Asaro (1992) reported in her unpublished thesis with homicide survivors that many participants felt closer to their faith after the murder while others had experienced a spiritual quandary where they wondered why God¹ had allowed the loss to occur. Others reported feeling that the death felt like a punishment from God of some kind.

More emphasis appears to have been placed in the literature on how clergy and faith have inappropriately interacted with homicide survivors rather than on interactions

¹ The word "God" is used liberally to describe a powerful entity exclusive of any one faith.

that were valued. It seems that the way in which the clergy interact with the survivors can carry enormous weight. Spungeon (1998) suggests that inappropriate euphemisms such as “God has a plan” or “Your loved one is better off in heaven” tend to isolate persons from the church. She suggested that emphasis shortly after the loss should focus on the pain of survivor rather than engage in religious dogma. Two examples of bad interchanges stand out from the literature. One of Armour’s (2002b) group members related how she had been notified of the death:

He delivered the notice [of the death] and just told us briefly, very briefly what had happened. Then he said “I need to tell you now that as you go through this whole process that you[‘ve] got to think about forgiveness. Forgiveness is very important. You don’t want to be angry. (p. 375)

Asaro (2001b) related a story based on her own clinical work whereby the recently bereaved was told by her minister (who incidentally was a relative by marriage):

...[that] he was not sure whether her mother had gone to heaven because, although her mother had been “saved” several months before she was murdered, there had not been sufficient time for her to be “forgiven” before she died. (p. 116)

Alternatively, Murphy, Johnson, Lohan, and Tapper (2002) observed 261 parents after the violent death of their child(ren) in a longitudinal study in an inquiry to discern whether six religiously-oriented resources were beneficial. They determined that 75% of the participants in their study had utilized private prayer as a method of coping with the loss, although they noted that it did not appear to have any quantitatively significant

benefit over the course of the study. Although it is unclear how “prayer” was defined in this study, it appears consistent with the clear majority of United States citizens who identify with an organized religion (Richards & Bergin, 2002). Further, the study did not appear to discern whether participants subjectively felt that their faith benefitted them after their loss.

Given the context of the available literature on faith with this population, it is conceivable and perhaps even *likely* that unfavorable interactions surrounding one’s faith could be another way that homicide survivors experience secondary victimization. Conversely, a recent meta-analysis of 11 empirical studies investigating how faith influenced posttraumatic growth indicated that religion was frequently valuable in that process (Shaw, Joseph, & Linley; 2005), lending credence that it *could* be a beneficial coping mechanism.

Finding Meaning

The idea of finding meaning, or making personal sense of a situation, is not a novel concept. Viktor Frankl (1963) developed an entire psychological intervention whose goal was to search for meaning, even after traumatic events. Although sparse literature exists on this topic with homicide survivors, it makes intuitive sense. Finding meaning in the world is an intensely private affair that is frequently shattered after a homicide (Armour, 2002b).

Frankl (1963) shared his experiences while imprisoned at a couple of concentration camps, including Auschwitz, during much of World War II. He reported that he was torn from his wife and children almost immediately and throughout the

next few years he stated that his desire to see his wife again motivated him to survive and endure numerous hardships. He further shared that one of the camps that he was at utilized a token economy where prisoners were allowed to have either an extra helping of soup or two cigarettes per week. Frankl recalled that he noticed that those who had given up consistently opted for the cigarettes versus the soup.

In many ways meaning resembles the Belief in a Just World (i.e. altering a person's preexisting assumptions about the world), but finding meaning in one's life helps restore purpose and answer the question "Why?" and "What's next for me?" (Armour, 2002a). This may be particularly difficult after a homicide which, for many, appears to be a senseless and needless act of violence. Further, Currier, Holland, & Neimeyer (2006) have suggested, based on their study, that failure of persons who experience a violent death to *find* meaning increases one's likelihood of experiencing complicated mourning.

Restorative Justice/Victim Impact Statement

In the last few decades, an increase in restorative justice – more commonly referred to as a victim impact statement (VIS) – has garnered local, state, and federal support (Wemmers, 2002). A victim impact statement is a personal testimonial given after a defendant has been found guilty of a crime but prior to sentencing (Spungeon, 1998). The statement's purpose is to illustrate the breadth of what has been taken and what can never be repaired because of the defendant's actions. Victim impact statements are still controversial even though two federal Supreme Court decisions have addressed the issue (the first, *Booth v. Maryland* (1987) denied the right of a VIS; the

second, *Payne v. Tennessee* (1991) reversed the earlier decision and remains the law of the land) enforcement and support differ from one judge to the next (Spungeon, 1998).

Literature to date appears somewhat mixed as to whether the process is beneficial for homicide survivors (Wemmers, 2002; Williams, 2002). As noted previously, homicide survivors do not typically recall positive interactions with the criminal prosecution of the defendant. Nevertheless victim impact statements give the family an unedited² way to participate in the prosecution of the defendant (Spungeon, 1998). Wemmers (2002) summary of restorative justice studies indicated that victims of crime look more favorably on the process when they are able to participate with a victim impact statement. This data is tempered by the need for the prosecution to communicate with the family and create realistic expectations early in the process.

Self-Medication

Substance abuse is another coping mechanism that has largely been ignored in the literature with this population. Although there is plenty of literature (e.g. Varano et al., 2004) that has discussed the link between substance abuse and the increased likelihood that a homicide may occur, the paucity of literature regarding increased rates of substance abuse for homicide survivors is notable. Alternatively there are studies of homicide survivors that have been conducted that *excluded* those who exhibited evidence of substance abuse (e.g. Miranda, Molina, & MacVane, 2003). When one considers the deeper implications of excluding these participants, an argument could be made that the authors sought to interact with those who were the most highly-

² Some localities require written submission of the proposed statement prior to presentation which may be edited by the court.

functioning of the available participants, which may *not* necessarily be the most representative sample of the population.

Staudacher (1987) suggested that substance abuse may occur as a side-effect of voluntary self-isolation following a homicide. Posttraumatic stress disorder literature (e.g. McFarlane & Yehuda, 1996; van der Kolk, 1996) has described substance abuse as a coping mechanism to trauma, but not within the context of a homicide survivor response. In her book relating to complicated mourning, Rando (1993) also discussed how prevalent substance use was within that specific population, although it was designed as an umbrella statement to describe confounding factors rather than as a coping mechanism.

Regardless of whether or not substance abuse has been described with this population, one must wonder about this population's risk when considering Jenkins (2001) reflection on his own experience with the temptation to indulge following his son's murder:

It is very easy to see the allure of alcohol to dull the pain and the temptation to punish myself for something that is not my fault. But the sobering truth is that if I step onto the path of self-destruction, I know I will never come back. (p. 5)

Rationale for Study

Current research regarding the effect of homicide on survivors remains thin, frequently relying on a therapist's first-hand experiences with their clients. Further, research is highly fragmented and disorganized, and treatment paradigms with this population are virtually absent. A need exists to study the experiences, reactions, and

coping mechanisms of this population to assist in grounding future research and developing treatment paradigms for mental health care providers. It is hoped that conducting an ethnography with homicide survivors will assist in this process.

Almost all of the existing literature with this population has either been quantitative in nature or a result of researcher-practitioner's best understanding of the subjective experiences of homicide survivors. Quantitative research has the benefit of interacting with more participants but is limited because they don't gain the subjective nuances of *why* participants feel the way that they do. Researcher-practitioners who have interacted with the population may have better insight into the subjective constructs of their clients but are often left to create their own interpretation of *why* their clients feel the way they do.

This study is unique in that participants were encouraged to tell their story in their own words. Although there was a formal question and answer component to the study, participants were encouraged to share as much of their experiences as they wished. This allowed the participants to set the pace of the interview and, to a large extent, the topics discussed. The format allowed each interview to take on a unique quality that encouraged novel concepts to emerge that were never intended to be a part of the study. The dynamic nature of one's life, experiences, and memories are not well organized and to attempt to artificially create a structured environment without taking that unique perspective into account neglect the human experience. In the author's opinion, it is this experience that gives research *meaning*.

CHAPTER III

METHODOLOGY

Overview

The current study is a qualitative investigation of the experiences, reactions, and coping mechanisms of homicide survivors. The sample consisted of persons who had lost an immediate family member, defined as a child, parent, sibling, and/or spouse (including domestic partners), due to a homicide. One exception to this criterion was created for a woman who was present during the murder of her aunt. The ethnographer gathered data utilizing a Naturalistic Inquiry paradigm. This was accomplished via the use of in-person interviews where audio recordings were obtained and transcripts were subsequently created of each interview. Results were analyzed using the constant comparison method to search for patterns and themes.

Method

One of the frequent criticisms of qualitative research is the perceived subjectivity of the researcher/ethnographer (Morrow, 2005; Peshkin, 1988). *What is their previous experience with this population? Why was this particular topic chosen? How have their own experiences tainted their perception of others' statements?* Morrow (2005) suggests that one of the ways that this can be accomplished is through the *researcher-as-instrument statement* wherein the researchers share their respective backgrounds, previous experiences with the research topic, instruction in qualitative methods, and any perceived alliances and/or bias' that could be perceived as tainting their research.

The research team, all of whom participated in the analysis of the data, consisted of a clinical psychologist and practitioner, a doctoral candidate in counseling psychology, and two undergraduate students in psychology. The clinical psychologist, Dr. Saori Rivera, joined the study due to her bilingual expertise and the need to interview one of the participants (“Pola”) in Spanish. Dr. Rivera performed the interview and transcribed the audio tape initially into Spanish and then into English for the ethnographer. She also helped interpret her perception of the participant’s linguistic colloquialisms into English-approximate expressions. Dr. Rivera indicated after she became part of the research team that she had a close friend that may have been murdered approximately 10 years prior, although the death was officially classified as an accident. We discussed how this might affect her interpersonally as well as professionally prior to the interview and we agreed that she would debrief with the ethnographer after the interview as well as after the transcription process. Dr. Rivera reported that she did not feel that she had felt influenced by her own experiences while conducting the interview or during the transcription process. Dr. Rivera had no previous experience with qualitative research prior to her participation in this study and her contribution was exclusive to Pola’s interview. Dr. Rivera was the only person exclusive of the ethnographer that met or interacted with any of the participants.

The two undergraduate psychology students that participated in the study, Ms. Michelle Attah and Mr. Dallas Long, were responsible for the transcription of the audio tapes as well as the initial cataloging of the data into possible groupings. Neither of the undergraduate students had any prior experience with qualitative research and the

ethnographer spent a considerable amount of time describing how qualitative research differed from quantitative research, how the constant comparison method of analyzing data was conducted, and walked them through a set of “dummy data” unrelated to the study to ascertain whether they understood the concepts that were being discussed.

Neither Mr. Long nor Ms. Attah acknowledged any personal experience with loss due to homicide. Their accomplishments, dedication, and desire to learn throughout the investigation belie their inexperience as researchers.

As the ethnographer, I was initially drawn to this research study due to my own experiences as a homicide survivor; both of my parents were murdered over a decade ago. When I lost my parents, I underwent so many feelings, thoughts, and reflections that it took me years to process the events before I felt I could wrap my mind around what had occurred and how it had changed me. During that time, I struggled with my identity and began a lengthy process of determining what was important to me. What struck me during this episode was how little mental health providers that I interacted with understood what I was trying to convey to them. Later, as a graduate student, I began to review the professional literature and was shocked at how little research had been conducted with homicide survivors. Even if clinicians *wanted* to understand how a murder might affect their clients, there was very little information out there that could pragmatically help them in their endeavors. The simplest rationalization for this research was my desire to communicate some of the subjective events that some homicide survivors have experienced so that they may help organize future research, better facilitate clinician comprehension of the experiences of other homicide survivors,

and assist future victims in understanding that the convoluted experiences that they may experience are as complicated as they are normal.

As a practicing clinician, one of my responsibilities when interacting with a client is to pay attention not only to the content and underlying emotions of any particular statement they make but also to the way that I internalize that information. This becomes important because the way that I internalize what my client is saying may be similar to the ways that others internalize my client's statements. It also helps me create a cushion between what I feel in the moment and how I present myself; the purpose of therapy is to have a novel experiential relationship that is unlike the way that the client typically experiences those around them. It is my hope that this developing skill was useful in my research to help client's tell their story rather than repeat my pre-ordained expectations based on my own experiences. Based on the range of experiences that I was able to capture during the data collection process (many of which were foreign to my own experiences), I feel that it was conducted in a competent manner. In order to conduct research in a topic that had affected me as deeply as this has, I do not wish to represent that the data collection process was neither easy nor void of emotion. I struggled with my own experiences at various times and was influenced by many of my interviewee's recollections and feelings. However, during such times, I feel that I was able to draw on my professional judgment and detachment to ascertain their experiences and help them tell their story. Further, by utilizing audio tapes and transcriptions, I was not left alone to report my understanding of their experiences in the moment but rather was able to re-read and re-experience the participant's subjective reflection at a time

when I may not have been as susceptible as I may have been in the moment. In essence, I was attempting to copy Peshkin's (1988) evocation:

By monitoring myself, I can create an illuminating, empowering personal statement that attunes me to where self and subject are intertwined. I do not thereby exorcise my subjectivity. I do, rather, enable myself to manage it – to preclude it from being unwittingly burdensome – as I progress through collecting, analyzing, and writing up my data. (p. 20)

Participants

The study included fourteen participants who self-identified as homicide survivors. Each participant filled out a quantitative demographic form (see Appendix A) that assessed variables such as their gender, age (current and at time of murder), marital status (current and at time of murder), self-identified race/ethnicity, education level, occupation (current and at time of murder), religious/spiritual affiliation, and determination if they had experienced the death of other friends and/or family due to homicide in the past.

Sample Characteristics

A demographic characteristic of the participants is displayed in Table 1. The participant's names have been changed to a pseudonym of their choosing to protect their identity. The sample consisted of three males and nine females. Six of the participants identified as European-American, five identified as either Hispanic or Mexican American, and one identified as biracial (European-American and Hispanic). The ordered distribution of ages of the participants is 31, 35, 38, 43, 46, 51, 57, 57, 62, 64,

65, and 68. The mean age was 51-years-old. The ordered distribution of time elapsed since each participant's loved one had been murdered was 0, 1, 1, 1, 2, 2, 3, 4, 8, 14, 17, and 17 years. The mean elapsed time was six years and the median was 2½ years.

Nine of the participants identified their current marital status as "married/partnered," two identified as "divorced," and one identified as a "widow/er." Three participants stated that they had received a G.E.D., five reported receiving a high school diploma, one conveyed that he had attended a technical school, and three reported having associate's degrees. Three of the participants identified as religious/spiritual affiliation as "Christian", another three reported that they were Catholic, one stated that she was Baptist. Three participants identified as non-denominational, one reported she was spiritual, and one declined to report his religious or spiritual affiliation.

Participant Recruitment

The ethnographer recruited participants by giving a presentation at two separate chapters of the group Parents of Murdered Children (POMC) in a large city located in the southern United States. The chapters are organized and run at the local level by persons who identify themselves as homicide survivor's and, unlike its nomenclature might suggest, the group is made up of a diverse group of people who had lost their loved ones via homicide. During the presentation at these meetings, the ethnographer disclosed his membership as a homicide survivor but refrained from disclosing any personal information except in the most general context so as not to contaminate the

Table 1: Sample Demographic Characteristics

	Anne	Annette	Clark	Ginger ³	Janie	Jennifer	Lalo ⁴	Laurie ⁴	Pola	Sera	Walker ³	Zoe
Gender	Female	Female	Male	Female	Female	Female	Male	Female	Female	Female	Male	Female
Relationship to Murdered	Mother	Mother	Father	Niece	Mother	Mother	Brother	Daughter	Mother	Mother	Husband	Mother
Current Age	64	43	65	31	57	68	35	46	38	51	62	57
Age at time of murder	56	42	62	14	53	66	33	45	38	37	45	56
Current Marital Status	Married	Divorced	Married	Married	Married	Divorced	Married	Married	Married	Married	Widower	Married
Marital Status at time of murder	Married	Divorced	Married	Single	Married	Divorced	Married	Married	Married	Married	Married	Married
Race/Ethnicity	White	Hispanic	Caucasian	White/Hispanic	Mex-American	Caucasian	Mex-American	Mex-American	Hispanic	Caucasian	Caucasian	Caucasian
Education Level	H.S.	GED	H.S.	H.S.	A.A	H.S.	A.A.	GED	GED	H.S.	Tech.	A.A
Current Occupation	House-wife	Phlebotomist	Retired	Merchandiser	R.N.	n/a	Computer Network	House-wife	House-wife	House-wife	Air Condition Tech	Retired
Occupation At Time of Murder	House-wife	Medical Asst.	Petroleum Industry	n/a	R.N.	PBX Typist	Computer Network	Care-giver	House-wife	Cashier	Air Condition Tech	Retired
Religious/Spiritual Affiliation	Baptist	Non-Denom	Declined to Report	Non-Denom	Catholic	Non-Denom	Christian	Catholic	Catholic	Christian	Spiritual	Christian
Others Murdered?	No	No	No	No	No	No	Grand-parents	Brother	No	Ex-husband	No	No

³ Related to one another; discussed the same murder.

⁴ Related to one another; Lalo discussed his brother's murder, Laurie (Lalo's aunt) discussed her parent's murder.

participant pool until after the data collection process had taken place. The inquiry was described as a “descriptive study of their experiences and perceptions” without any further explanation for similar reasons. The ethnographer discussed the potential costs and benefits from being a part of the study, including but not limited to (a) norming their experiences, and (b) the possibility of surfacing psychological complications of the past. The researcher encouraged anyone interested in either receiving more information about the study or participating in the investigation to contact him after the presentation. After participants self-selected into the study, they received a demographic measure (see Appendix A) that included their contact information. Participants were also given a copy of interview questions that are designed to assist them in organizing their thoughts prior to the interviews (see Appendix B), and a copy of the consent form (see Appendix C) which included a list of local psychological referrals.

Procedure

Participant interviews were conducted in-person, organized around their schedules, and completed in locations selected by them to facilitate their own comfort level. All persons chose to meet in their home except one participant, who chose to meet at a restaurant near her home.

At the beginning of each interview, the ethnographer sat with the participant, introduced himself, and encouraged them to talk a little about himself or herself to establish a personal relationship. At an appropriate time, the researcher asked the participant if they were ready to begin, at which time he began to explain the purpose of the study and described the format of the interview. If the participant had any questions,

they were encouraged to ask them and/or ask for clarification throughout the interview process. All interviews were audio recorded with a tape recorder and subsequently transcribed. Participants of the study were also encouraged to share any additional documentation that they believed would better facilitate their relationship with the deceased, including but not limited to: pictures, biographies, poetry, and creative tasks. Once the interview was completed, the participant was encouraged to contact the ethnographer if they had any further questions or concerns.

The researcher utilized two research assistants for transcribing the audio tapes and triangulation of the data. After the transcripts were created they were sent back to the participant and they were encouraged to add, remove, or alter any information they desired. If a participant chose to make corrections or clarifications to the original transcript, they were sent an adjusted transcript that they could alter again if they chose; this process continued until the participant no longer made any modifications.

Participants were informed from the beginning of their relationship with the ethnographer that they reserved the right to remove any part of their contribution up to and including their participation in the study at any time. Of the fourteen participants who took part in the interviews, two chose to remove themselves from the study.

Participant A, a Hispanic female who had two of her three sons murdered, indicated that she wanted to be removed from the study after the death of another family member (it is unknown whether this family member was murdered or not). She indicated throughout the interview process that her family had encouraged her to “move on” after her respective losses and when the participant requested to be removed, she

reported that “I think that I need to move on.” It should be noted that Participant A participated in the debriefing group and was directly responsible for recruiting three participants in the study.

Participant B, the only African-American participant whose son had been murdered, contacted the author after she had received the transcript of her interview and requested to be removed because she did not care for the way that she “sounded” on the transcript, “[It was] black English and ebonic (sic) and I didn’t care for it to be honest with you.”

The researcher also offered an elective debriefing group meeting for all participants after the individual data collection process was completed. The debriefing was designed to accomplish three tasks; the first was to elicit what it was like to participate in a study of this nature. The second task was to independently determine whether members experienced similar reactions throughout the interview process (i.e. positive or negative reflections on being a part of the study). Finally, it was a way for the ethnographer to independently ascertain if there were any perceived negative reactions to being a part of the study. Previous authors (e.g. Spungeon, 1998; Staudacher, 1987) had suggested that others may perceive that talking to homicide survivors about their loss may in and of itself be harmful. No participant reported or, utilizing the counselor’s professional judgment, independently appeared to have experienced a negative reaction throughout the study. Nine of the fourteen participants (including both Participant A and B) elected to take part in the debriefing.

Interview Protocol

The ethnographer created a checklist that was followed prior to each interview for consistency. The checklist verified any missing or clarifying demographic information that had been collected, had the participant read and sign a copy of the consent form (making sure that each participant had a personal copy of the form), and made sure the participants had a copy of the questions in front of them. The checklist also covered how a debriefing group would be offered once all of the interviews were collected and how they would be notified about the group, how transcripts would be created from each interview and that each participant would be encouraged to review and modify their transcript as they desired, how they could either take a break or end an interview at any time they wished, and how they could choose to remove themselves from the study at any time. Further, the checklist covered an overview of the client's confidentiality and that although the ethnographer was a counselor the interview was not a counseling environment (and explaining the difference if necessary).

The interview was broken into three separate parts. The first part encouraged the participant to tell the story about their relationship with their loved one and how their lives changed after the homicide. The participant was not given any structure and the ethnographer tended to interact during this part of the interview in order to clarify or emphasize something that the participant had stated. The second part of the interview was a set of structured questions (see Appendix B). Finally, the participant was asked if they would like to add any additional information that they felt had been either missed or something that they wished to emphasize during their interview.

Data Collection

The inquiry was conducted utilizing the Naturalistic Inquiry paradigm, which is noted for its investigation of the individual within the context of the group in a natural setting (Lincoln & Guba, 1985; McLeod, 1994). The emphasis of this type of research is on the entirety of a person's experiences and beliefs; from the viewpoint of this paradigm, to isolate one aspect from the gestalt damages much of its meaning. Thus it is the researcher's responsibility to get to know the *person* behind the participant; only by knowing the person, and thus the context, from which the individual draws her or his conclusion, does the meaning of the words and memories begin to take shape (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985). This approach does not assume a single objective reality but assumes that multiple realities are present and that the researcher must be aware of these realities in order to garner deeper meaning. Further, Naturalistic Inquiry does not attempt to categorize micro-level behavior, feelings, and memories but looks for the "big picture" that describes the entirety of the perception. Finally, the process is not governed by attempting to match memories and experiences into preconceived theories and expectations; it is the responsibility of the researcher to be a *tabula rasa*, or blank slate, upon which the theories are extrapolated after data collection.

Data Analysis

The constant comparison method was utilized to analyze the data (Erlandson, Harris, Skipper, & Allen, 1993; Glaser & Strauss, 1967; Lincoln & Guba, 1985; McLeod, 2001). The constant comparison method compares all information collected

from one session with a source and compares it with all future and past information collected from the same source as well as with other sources. This process naturally develops themes that ebb and flow until the data collection process is completely compiled.

The data analysis began with the ethnographer's research assistants independently and systematically analyzing each of the participant's answers to the research questions. They then met with the researcher, who helped the participants reorganize and create themes. This analysis was then set aside.

The ethnographer then began to methodologically and independently analyze each of the participant's stories and extract data that corresponded to the research questions. Simultaneously, novel constructs that were not initially part of the investigation began to emerge. This required going through the participant's stories multiple times in order to extract all of the relevant information. The researcher then began to extract data from the research questions in a way that was similar to that completed by the research assistants.

These independent data collections were then compared and contrasted against one another. The results were strikingly similar in terms of quotes and even quote fragments. Deviations between the first data analysis and the second were most prevalent when the ethnographer identified sub-categories of existing groupings or after the discovery of constructs that the research assistants were not privy to.

Once this process was complete, the findings were sent to the individual participants, who were asked to determine whether the identified groupings had a

goodness of fit for them. Of the returned findings, no changes were noted by the participants.

Establishing Dependability

In a naturalist inquiry qualitative analysis, the term dependability is used to describe the quantitative term “reliability” (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985; Merriam, 1998). Dependability attempts to convey that if the same or similar respondents were collected in a similar situation that the conclusions would be virtually identical. The difference between dependability and reliability is that if discrepancies do appear, they are not necessarily the fault of the researcher. The change may be due to error or “reality shifts” between one person or an interview and another. Thus, the desire is to have “trackable variance,” meaning that one can explain why the variability occurred. This is performed through a dependability audit, which makes available to other researchers an audit trail that provides documentation and the full development of the inquiry.

This inquiry controlled for dependability by utilizing audio taped interviews coupled with the ethnographer’s reflexive journal of his experiences throughout the process. Further, participants were encouraged to share things such as biographies, photographs, and creative tasks that reflected the relationship between the survivor and the deceased.

Establishing Trustworthiness

In a naturalistic inquiry qualitative analysis, the term trustworthiness is used to describe the quantitative term “validity” (Erlandson, Harris, Skipper, & Allen, 1993;

Lincoln & Guba, 1985; Merriam, 1998). Trustworthiness assists in determining the truth value of collected data and allows for others to review the collected material to judge the veracity of the findings and decisions. Like its quantitative sister trustworthiness is broken into several substrata by which to judge the underlying data: credibility, transferability, and reflexive journaling.

Credibility

Credibility is the equivalent of quantitative research's internal validity and determines how closely the constructed reality the ethnographer interpreted was accurately interpreted (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985; Merriam, 1998). Typically a credible study is rich in detail and should create a mosaic-like quality for the reader that constantly builds upon itself. One of the powerful ways that this is accomplished is by utilizing the participant's own words versus the ethnographer's interpretation of their statement as often as reasonable and/or possible. Credibility includes several echelons including prolonged engagement, persistent observation, triangulation, and referential adequacy materials.

Prolonged Engagement (also referred to as Long-Time Observation) describes the length of time that the ethnographer must spend with participants to fully grasp the individual within the context of his or her culture (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985; Merriam, 1998). The ethnographer met with all of the participants in locations of the participant's choosing, typically in their homes. The interviews typically lasted between three and four hours; the shortest interview was two-and-a-half hours and the longest interview was almost ten hours long (not including

breaks and interruptions). Some participants included other family members during the interview process for emotional support while others chose to be interviewed alone. Interviewees were encouraged to take as much time as they wanted and/or needed in order to share their experiences. Some chose to tape their interviews over multiple days while others appeared invested in completing the interview as quickly as possible.

Persistent Observation (also referred to as Member Checks) illustrates the need for the researcher to be objective and be able to keep the “big picture” in focus to identify novel interpretations that may not have been considered in the past (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985). All interviews were audio taped and transcriptions were made of all individual and group interactions. Participants were encouraged to review, edit, and add material to these transcripts until no further alterations were made to the final product. The choice to utilize audio tape and transcripts instead of memory or short-hand notes was made because of the pure volume of information that was anticipated prior to the interview process. Utilizing audio tape also allowed the ethnographer to *be* (a psychological term that emphasizes the need to listen, understand, and empathize what a person is sharing with them) with the participants during the interview instead of quickly noting important details that were shared.

Triangulation refers to the need to look at events and relationships from discrete points of view by seeking persons with different understandings and viewpoints so that alternative explanations may be deliberated (Erlandson, Harris, Skipper, & Allen, 1993; Merriam, 1998). This was accomplished through the use of multiple participants and

interviews. Further, after the datum had been collected, it was analyzed by the ethnographer, the researcher's assistants, and ultimately by the participants themselves to determine judgment of fit of the data.

Referential Adequacy materials describes the need to keep detailed notes, videotape and/or audiotape data collection, and any other material that the participant may wish to share with the examiner to give the breadth to the interpretations (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985). An extensive audio and written trail was created with each interview. Further, each participant was encouraged to share other personal materials, such as photographs, creative tasks, poetry, and other personal effects, that would help the ethnographer not only get to know the participant but also their lost loved one.

Transferability

Transferability is the qualitative equivalent of external validity (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985). Within the context of qualitative analysis, it describes the extent to which the results can be applied to similar situations and participants. From the perspective of a natural inquiry, the detail is not as important as the shared characteristics of the population. The desire is that the study will be so specific that it *cannot* be replicated. Transferability is made up of thick description and purposive sampling.

Thick description describes the rich detailed descriptions that are necessary to lend itself to transferability (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba,

1985; Merriam, 1998). It should include contextual elements that are so vivid that the reader will hopefully feel as if they were experiencing the interview themselves.

Purposive sampling describes the range of persons that are sought after (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985; Seidman, 2006). The desire is that the norm for the group will be compared and contrasted against polar opposites; divergent views are encouraged rather than removed from the population. To that end, all participants that were interviewed and who choose not to remove themselves through the interview process were included in the final analysis.

Reflexive Journaling

The preferred method of controlling for trustworthiness in a study is the use of reflexive journaling (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985). This process requires the ethnographer to keep extensive notes on the process of meeting and collecting data from participants to ascertain the methodological decisions which are made as well as the rationale for those decisions. The journal should describe the logistics and reasons for methodological decisions, but should also include personal thoughts and insights into how the participants have affected the ethnographer (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985). A reflexive journal was begun prior to the first presentation and has continued through the data collection, data analysis, and writing of the dissertation. It has included the researcher's personal thoughts about the participants, their effect on the ethnographer, the possible effect that the researcher had upon the participants, how similar or dissimilar thoughts and feelings have affected the ethnographer, and thoughts and feelings about the research project

itself. Efforts have been made to make the reflexive journal as raw, stream-of-consciousness, and in-the-moment as time and interpersonal appropriateness have allowed.

Data Analysis & Audit

The process by which this study was analyzed closely mirrored that by Lincoln and Guba (1985), which extrapolated on the original concepts of Glaser and Strauss (1967). First, each transcript was closely analyzed for *unitizing data*, or the process of identifying discrete data into the smallest units of information that could stand alone as unconnected thoughts. Once this process was exhausted, each predetermined question and emergent construct went through the *categorization* process, which is the procedure of taking the unitizing data and creating plausible categories that may or may not be inclusive of multiple participants. Essentially, the first datum is categorized and then compared to the second unit of data. If these two pieces of data fit logistically into the same category, they are placed together and if they do not, a second category is created. This process continues for each separate identified or emergent construct until an entire matrix of information is categorized into logical groupings. The result of this process is not designed to be a conclusive declaration or theory but is intended to provide plausible framework from which theories can be developed.

This analysis took place in three separate ways. The first analysis was conducted by the ethnographer's research assistants under the ethnographer's tutelage. This interpretation was then set aside and the ethnographer independently conducted his own analysis. Once the second analysis of the data was completed, the first and second

interpretations were compared and contrasted and differences between the data was investigated and interpreted to determine their judgment of fit. The final results of the analysis were shared with the participants, who were encouraged to independently audit the conclusions of the ethnographer. Alternative categorization was discussed and organized as appropriate throughout this process.

CHAPTER IV

RESULTS

The Visit

*In the stillness of the evening breeze I hear you whisper
 In the silence of the night I hear you speak
 In the early morning hours I hear your footsteps
 These things I hear could it be
 You are still here with me
 Maybe it is just a mother's wishful prayer
 I want you here with me
 So many dreams so many visits we have shared
 Times in which we still hold each other tight
 Dreams in which I believe everything is still alright
 Each night I pray to have such dreams
 Each night I wish to get such visits
 As evening leaves and ushers in the quiet night
 I pray for dreams of you
 Dreams in which I get another chance to see you
 Visits in which I get to hold you
 Dreams in which I get to hear your voice
 Visits that beckon me to return to the quiet place of sleep.*

- "Janie"

*In memory of my son
 September 16, 2005*

When I initially began to develop the methodology that would become this research project, I quickly and intuitively knew that it would require a more personal investigation than was typically afforded in quantitative research. I was interested in discovering the person behind the stories, knowledge, and reactions to garner the collective *personal toll* that they had experienced. Throughout the data collection process I was not only invited into the participant's home, but frequently into their family, sharing meals and hearing stories about events completely unrelated to the

interview. Frequently during the discourse and breaks, participants asked questions and shared parts of their lives that they did not want to share on tape; sometimes the information related directly to the research but frequently it was completely independent. Sometimes after the interview was over, a personal conversation continued beyond the staple “thank you for your time.”

I share this with you because it was important to me to share as much about the individual participants as it was to share their stories; I feel it is within the context of the individual that their story comes to fruition. As I came to know each participant, I felt that the content of their experiences were placed in more perspective. I have worked diligently to create more than integrated data that reports specific themes in an organized fashion. I hope that you will find that many participants will begin to take shape as a person and tell a personal story throughout the text. It is my hope that this will help the reader better internalize the various information collected so that they may be able to identify with and help future homicide survivors.

Bearing this in mind, ultimately the data collected was interpreted by my research assistants and me and reflects our understanding of the intent of the participants. I have invited participants to reflect on my categorization of the information they shared (and received favorable feedback from all who chose to give feedback) but I feel that this is an important facet to note to the reader.

Space and logistics interfere with reporting all of the data that may fall within a specific category. In the spirit of transparency in research, I felt that it is important to note that there are times when multiple people have made similar statements but only

one quote of the available grouping was utilized. Attempts have been made to identify and report representative samples from each grouping. The nature of this at times abstract selection process unfortunately results in some participants creating a clearer story than others do. Although this may be a necessary evil that increases readability and clarity of vision, I sincerely regret any perception of negligence by the participants or the reader that some persons are not as prominently discussed throughout the text.

Global Comments about Participants

From my perspective, one of the great advantages of conducting qualitative research is the ability to place data in the context from which it originated. When I initially undertook this study, I felt fairly certain that the stories that I was going to hear would move me, and yet there was no way to prepare for the times when I felt stunned.

I felt stunned at what many had endured. I was stunned at the subjective inequity of a justice system that allowed a person convicted of first degree murder to receive a 10-year probation sentence. I was stunned at the vivid memory of a woman, who as a 14-year-old girl witnessed the murder of her aunt and could recall the *minutest* detail 16 years later. I was stunned at the experience of a man whose brother had been murdered, and six months later, discovered that his grandparents had been murdered as well. And I was stunned at the raw emotion that the participants I interviewed shared with me, varying from fury to despondency to inconsolable sadness.

I feel that it is incredibly important to point out what appeared to be a constant thread that flowed throughout the individual interviews and the questions. As you read through the participant's shared experiences via their own words, you may begin to

perceive multiple layers of emotion and affect that belie their initial statement. For instance, at one point in the interview, Anne described how she wanted to kill the man who had murdered her son; shortly thereafter, she described how her husband had stopped her from committing suicide. Depending on the background of the reader this may or may not make sense at first glance. As a therapist, it seems reasonable to me; a woman was grieving for the wrongful death of her son and wanted revenge on the perpetrator, but she was unable to accomplish this goal. Her emotional anguish continued, however, and the energy she wished to expel was then directed inward in a desire to stop the grief once and for all. If one can envision anger and pain as pure energy in the context of Tai Chi, the energy was simply being redirected at a time when her normal self-defense mechanisms may have been at their most vulnerable. Although not always as clearly defined, this theme appears to be prevalent throughout the interviews I conducted. I have attempted to capture this dynamic as often as possible because it may underlie the complex and often dichotomous feelings that homicide survivors present with. Further, this emotional turmoil may represent a norm within this population.

Another item that should be addressed is how interpretation of the data was conducted, especially when only one participant specifically answered in a way that was categorized by itself. In quantitative research, once data analysis has been compiled, it is not uncommon to throw out outliers, or data not confirmed within the expected model one is utilizing. Qualitative research perceives this information differently and, in the spirit of that research methodology, has been embraced throughout the text. More

specifically, a single data point is not ignored because it does not fit within the model that we are trying to fit it within; rather, the model conforms to the data. Within the context of this study, I wanted to cast the widest net possible to capture the most dynamic aspects of the interviews as I feel that this may better capture the dynamic presentation of clients as well as future participants in similar studies.

Presentation of the Results

Each participant that is identified in the dissertation chose a pseudonym that was utilized throughout the study. The results are organized by the semi-structured interview format that was utilized to collect the data, consisting of nine separate themes which were identified throughout the study.

Results from the study will be discussed in the following manner:

1. Reproduction of the research question.
2. The division of each question into separate identified themes, as appropriate.

Each citation will be coupled with the associated Appendix letter and page where the category originates (e.g. G, 183 is equivalent to Appendix G, page 183).

3. The inclusion of some representative data (i.e. quotation[s]) that illustrate each separate theme.
4. A brief summary of the various themes that will be expanded upon in Chapter V.

Research Question 1

What was your relationship like with your loved one prior to their death?

This question was designed to help give context to each participant's relationship with their murdered loved one. Descriptions of each relationship skewed towards the positive, for instance:

Ginger: [My aunt] was very close to me. We were very close. She was like a second mother to me. I was like a daughter to her and [Walker], and even though they lived almost an hour away I went and visited with them as often as I could, you know. Weekends all the time they would come get me. So we were pretty close. We were very close. (E, 167)

Jennifer: We had a good relationship...she was very, very strong, one of the strongest people that I've ever known. (E, 167)

There was only one participant, Zoe, who shared that her relationship with her son had more often than not been more strained:

Zoe: Tumultuous....we were really close [when he was growing up]...then he started to steal from me. I started to notice [that he appeared to be] on drugs. But Kenny being the type of person he was, he'd been selling the drugs, rather than taking the drugs....[The relationship began to become better after] I had a stroke. (E, 168)

With the exception of Zoe, the participants that did recall negative experiences were likely to minimize, rationalize, or discount any difficulties that they may have had with their loved one's prior to the murder. Of the twelve persons who participated in the study, eight lost children. Parents frequently reflected either on the similarities they had with their child, how they had imparted specific behaviors or wisdom, or noted how the child had looked to them for their accumulated knowledge. The other four participants either lost an aunt, spouse, sibling, or parents and thus no intra-comparison is possible.

As participants began to warm up and discuss some of the more realistic conflicts that can occur in any relationship, they began to discuss the kinds of conflicts that commonly occur between family members, such as:

Lalo: Drug use would be the one thing that always concerned not only me, but the rest of my family. It did really concern me. He would ask my mother for money and she would know what it was for – more drugs. So she was kind of frustrated with him as well. It was the same thing every month. Anywhere between the 7th or 9th day of the month he would already be asking for [more money from the family]. (E, 169)

Sera: ... I just wanted him to get a job. We didn't argue over it or anything. I would just say, "What is your plan's for tomorrow?.... He was a work in progress. There is no telling what he could have been later on. He had the compassion, the feelings." (E, 169)

Something like Sera's reflection with her son may feel commonplace and within the context of a typical mother-son relationship, and that was exactly the way that it felt in the moment. What appeared to differ from her experience and from a common mother-son interaction was that the sudden death of her son froze in time the way that she *could* perceive her son in the future. At the time of his death, Sera's son was a young man who was 17-years-old with a child and no job. During our interview she recalled the times when she was frustrated with her son because he had some peripheral interactions with law enforcement and had not been as aggressive in job hunting as she thought that he should have been under the circumstances. I think that it is important to note that I am a man who has never had a child but my understanding of the underlying context of her statements was that she felt that he could have accomplished so much as he grew and matured over time but that *possible* future was taken away from her once he was murdered. Who knows that her son may have been capable of if he had survived?

This sense of “what could have been...,” appeared to permeate parent’s reflections of their children, regardless of how old the child was when they were murdered.

As participants began to shift their discussions to describing the last interaction they had with their loved one, nine of the participants described good interactions. It may be worth noting that all of the Hispanic participants reported both good interactions as well as relatively recent contact with their loved one, which appears consistent with the cultural norms for that ethnicity. Conversely, European American participants described both good and not good interactions, coupled with the two participants who could not recall what their last interaction was like. Probably the fairest way to describe the multitude of good interactions was the normalcy of the communication and complete lack of foreshadowing that the relationship would dramatically change in the future, such as:

Pola: The last time that I saw him was the morning he was murdered. We ate breakfast in the morning but hastily because [my husband] needed to leave for [work] and my son sometimes went to help him. So we ate breakfast hastily and [they] left. It was late, it was noon and I told my son, “You two should leave, it’s late” [and my son said], “No, no, we’re leaving soon.” He was like a madman looking for a book. [As] they left...I looked out the window and thought to myself “Good God, I hope that they aren’t in an accident. [My husband is] driving fast, he’s in a hurry”. That’s what I thought and, “God, please take care of them, don’t let anything bad happen to them.” (E, 170)

Annette: [I last saw her] the morning that she was killed...when she kissed me on the head [and told me] that she was going to school. (E, 170)

Perhaps the most remarkable recollection was from Ginger, who as a 14-year-old girl was present during her aunt’s murder. To put her comments in perspective, it is important to note that the events described occurred 16 years prior to the interview:

Ginger: Our day started out very well...I was in the bedroom, in her bedroom, putting on make-up, fixing my hair and whatever, and she was in the bathroom, you know doing the same thing. And you know she had the bathroom door open, and I was just kind of going back and forth from the kitchen...we sat down and were watching Golden Girls on TV. And at that point, we heard a real loud noise come outside the house. And uh, really didn't think too much of it. And [my aunt] says "That must be the coons. They're hungry. I didn't put any leftovers out for them last night." And she said "Let me go see." And I just stayed, stayed right there in the middle of the living room watching the Golden Girls, didn't think anything, you know, nothing big deal. And she walked on out and uh, I heard, you know, I could hear her footsteps going down the stairs, and all of a sudden it sounded like she tripped and fell. I mean it just sounded like "ka-doon-dun doonk" you know down the stairs. And I was like "What the in the hell?" you know? And I went and peeked out the window, and looked down and I could see [my aunt], um walking up the stairs doubled over. (E, 171)

Ginger used no notes and had lost the list of questions prior to our interview, thus her description of the events was completely off-the-cuff. What surprised me in the moment, and subsequently after reviewing her text, was the fine detail that she recalled (e.g. the television show that she was watching, what her aunt thought the noises outside might be before she investigated them, and the inner dialogue that she experienced in the moment). As Ginger evoked her experiences and reactions, this heightened sense of recall appeared to persist throughout the interview.

Only one participant, Jennifer, recalled having a stressful interaction the last time that she saw her daughter:

Jennifer: ...she was being real ugly to me and throwing things at me and I told [her daughter and her daughter's partner, who later murdered her] to get out. I said, you know, I got to be strong ...and make sure that they both know they're not gonna run over me. (E, 172)

The two participants who could not recall what their last interaction was like revolved around children that lived far enough away from the parent's home that contact appeared to be less frequent than the other participants.

Summary of Results for Question 1

Participants largely described their last experiences with their loved ones in terms of its normalcy and within the natural routine that had been established over their course of their familial relationship. Further, their recollections largely appeared to be positively skewed only discussing perceived difficulties or personal shortcomings after being encouraged to reflect on those aspects expressly. Based on a single report by the participant who witnessed the murder of her aunt, it appeared that the level of detail she recalled was more vivid than the other participants in the study even after a prolonged period.

Research Question 2

Describe how you initially became aware of the murder of your loved one.

This question was designed to capture the moment of notification, the diverse ways that people were informed of their loss, and how they internalized that information. Participants in the study were either present during the murder, found the body, or were informed by friends, family members, or the police.

As there was only one participant who was present during the murder of her family member, it is difficult to make generalizations about her experience other than to note the fine and subtle details leading up to and after her aunt's murder 16 years after the event:

Ginger: And there was a man next to [my aunt] walking her up [the stairs]. And I thought "Oh my God. Poor [my aunt], she must have fallen down the stairs and I guess there was a guy outside and he saw her, and he's trying to help her up the stairs." And right about that time I heard her call my name. And she said my name three times and kind of pausing every time she said it. I didn't really know what that meant or what to think, so I just kind of sat on the couch waiting for

her, for her to come up on the porch. And her and the guy walked across the porch, and walked up to the sliding glass doors. And I noticed she was still doubled over, and appeared as if maybe she had been punched in the stomach and was in pain, but he had a mask on. And he had gun directly pointed at her head, and at that time the glass door was only cracked open about this much. And I'm thinking he just didn't want to take his hand off the gun, and they were just basically sitting there waiting for me to come open the door. And I just remember looking up and seeing that and thinking "Oh my god! What is going on?" you know? And just really in shock. And she kind of looked up like, I-I don't really know what the look on her face meant, but it was, she was obviously in shock herself. So I went over, I opened the door, and um that's when he, you know, started...uh, he, told us to get down on the floor both of us. And so we were in the living room, and we both did. We got down on the floor, laid down on the rug; you know side-by-side. So we both get down on the ground, I mean on the rug in the living room, and I wasn't trying to look. I was just so much in shock, I was just like staring at the floor...[and] kept thinking, "God uh, can you make me disappear and reappear somewhere else. I don't want to be here right now. Get me out of this situation, right now! I don't want to deal with this, you know, this is not happening." [I also] remember staring at the floor thinking like, "This is not even happening. You know, this is not cool." And [my aunt] was being a little argumentative with him, I could tell, and resisting him. And he said "Get on the floor!" I jumped on the floor, and didn't move, and it seemed she really was doing that. I guess she was trying to protect me, but she just wasn't giving into his every whim. And you know he kind of had to force her to get on the floor and shut up. I said "I just want you to take whatever you want. My purse is on the table, there's not more than a little bit, a few dollars in there probably, but whatever is in my purse, you can have. Take it." And [my aunt] said the same thing...it seemed like he hesitated for a minute and thought about it. And then he told us to get up. So we got up and then he walked us and he grabbed us both by the back of our necks and he was walking us from behind. So I don't know where the gun was, because I really couldn't see. I guess he might have still been able to have it in one hand, but he took us both by the necks, and he, you know, just like forced us into the [bed]room. When we got in the room, he threw us on the bed, and we both landed on the bed side by side [perpendicular to the way you would sleep]. So we got down on the bed, and I heard some rustling around like I don't know what. I was just staring at the wall. [My aunt] knew that there was a gun on the headboard, that [Walker] had taught her to use, and it was right there on the headboard. She went for the gun. She went to grab for the gun, and I'm not sure, I'm assuming that he saw her do it. But I think she had tried to hide it under her stomach, because that's where it was when I found her. So anyways we are sitting there laying, and I looked over at her one last time, the last, you know, the last time, when she was actually alive, that would be the last time I actually looked at her. And she looked at me and then we both just looked back to the wall. And then the next thing I heard was a noise that was... I mean we were

shoulder to shoulder, and the next thing I know, I mean I can see from my peripheral vision her head, and I heard just this screaming loud pop, that was deafening and my ears were just ringing. And it was just so loud to me that I just remember thinking that he had hit her over the head with the lamp that was right there on the head board. It was just so loud that it was almost quiet, you know, almost. But when it happened, I could see her from the side, her head kind of jolted and she grunted really loud. And then I thought, "Oh my god, this guy just knocked her on the head with a lamp, knocked her out. Oh my god!" So as soon as I heard the noise...I turned around and he put the gun right back in my face and he said, "Turn around you fucking bitch or I'll fucking shoot you!" And I was like, "Sorry, I'm sorry, I'm sorry!" And I told him, I kept saying, "I'm so sorry, okay, okay!" I turned around, and I'm staring at the wall again. And then that was it. I heard him running across the floor. You know, I was just basically relying on my [hearing]. I heard the glass door swing open...I heard him run across the porch, and down the stairs. And I did not hear any more noise after that. So I knew for sure that he was gone, because I could, I would have heard if he came back up. So I got up, I ran, and I looked out that side window again, that overlooked the stairs, and I saw him running across the yard, and over the foot bridge. So I was like, "Okay! He's gone!" I was just thinking, like, a million miles an hour, just running all over the house. I went outside locked the door, you know, closed the sliding glass door and locked it. I closed the blinds. I went all around the windows. I was locking all the windows, and shutting all the blinds. And then I thought, "Oh my god, [my aunt] hasn't even gotten up yet." And I just mainly wanted to make sure the premises were secure basically first. And I went back in there to her and she was still there face down on the bed. And I was thinking, "Oh my god, he knocked her out. She's unconscious. I've maybe got to do CPR on her." So I went and I didn't notice the wound on the back of her head initially because she has dark thick hair like me. I didn't notice it. So I just, she was all her, dead weight literally, she was heavy for me, I was only fourteen years old, and I tried to drag her off the bed, and I finally got her on the ground, on the floor. And that's when, you know, her eyes, her sad eyes just look -- they were just staring up at me, and I was just like, I was touching her face. And I just kept saying, "[my aunt] are you okay, are you alive?" And I was just like, "Oh my god I don't know what just happened." And I'm just in here talking to her, and I'm like, "Can you hear me?" I was like, "Okay I need to give her CPR." And so I propped her up, and I thought, "Come on you were taught this in high school, come on, I can remember." And when I went to open her mouth her teeth were gritted so hard together, I literally with all my adrenaline rushing, could not pry her mouth open. I mean they were just clenched. So I thought, "Okay I can't get her mouth open, I'm just going to have to do what I can anyways." So I went ahead and started blowing in her mouth and started doing presses on her and everything. And I stopped to see if there was a reaction, and the only reaction that I got was probably that I shouldn't have done that, because everything inside, just started bubbling and gurgling, and then blood just started

coming out. Like her mouth, and her nose, and her eyes, and her ears. It just started coming out all over. And that's when I realized, she did not get hit on the head with a lamp. Then I looked at my hand, and I noticed it was covered in blood. So I was like, "Oh my god, she is dead." And it finally donned on me that she was dead. And I was just like, I was in, I mean, so much shock. I wasn't crying, I was just like (makes a whirring noise) my [mind was going a] million miles an hour. So I like, 'I got to call 911 right fricking now!' So I get up, and I um, I first couldn't find the phone. It took me about ten minutes to find the phone...it was kind of dark, about six-thirtyish, you know, getting a little dark. Finally I find a cord on the ground. And I'm like, "If I follow the cord, I'll find the phone.' So I follow the cord all the way to the phone, and I find the phone. I'm like 911. "Doo-doo-doot" (phone noise) We're sorry this service is not available in your area." And I was like, 'Okay maybe I dialed the wrong number.' So I hung up and tried to dial it again, you know 9-1-1. I got the same recording, and operator saying 911 was not available in the area. And I was like, 'You've got to be kidding me. I don't need' So I looked on the phone, and I noticed they had the police on their speed dial. So I was like, 'There we go!' So I called the police, and I was like, "Yeah, I am at my aunt and uncle's house, and he's is not here and some man just came in and shot my aunt. And she is dead." And they were like, "What? Slow down, What? Your uncle shot your grandma?" And I was like, "No! No! It was my aunt!" And I'm sitting there trying to tell them over and over, and they finally get. They had like three to four people on the line trying to figure out what I was saying, and I was speaking clearly. And they were like, "Ma'am, are you sure she is dead?" And at this point I had crawled into a corner of the living room, but I could still see [my aunt] on the floor where I had place her. And they were like, "Ma'am are you sure your aunt is dead?" And I was like, "Yes. I am sure she is dead." And they were like, "Where is your uncle, do you think he did this?" And I said, "No! My uncle didn't do this. It wasn't my uncle; it was like a young, tall skinny kid. I know who my uncle is!" And he was under a lot of suspicion for a while, even though I knew clearly [he had not done it]. Okay a 6'5", tall, skinny, young, sixteen year old kid, that's not my uncle. So anyways they were asking, "Where well are you at?" I'm like, "I don't know. I'm in the woods." (Laughs.) "I know there is a grocery store called Simmons, and there is a church nearby. That's all I can tell you. I don't know the freeway numbers. I don't know the county road numbers. I don't know anything." And they were like, someone actually knew where Simmons was, they were like, "I know about where she's at, but don't know exactly where." And then I said something about, "I'm at the [family name] residence. My uncle is [Walker]." And then someone on the phone says, "Oh I know him. I know exactly where she is. I know that guy; I know exactly where he lives." And that's how they first initially even found... but it took, I would say it was about a good forty-five minutes to an hour. It may not have been that long, but it was about that long I think, before someone actually found me. Before they were able to get help to me. [During that time] they didn't let me get off the

phone. I stayed in the corner sitting next to a speaker. I just curled up in the corner and stayed on the phone, and tried to go over this story with them, and tell them everything that had happened, without confusing them more than they already were. That's it I just stayed on the phone the whole time. I was, I kept getting up and looking out the blinds, because I was terrified that he would come back. That was my biggest fear. I was like, "Please hurry up! Get someone here now. If this guy comes back he can get through these doors. I mean they are locked but he can get through them, he's got a freaking gun." I was like, "Please, just get someone here. Find me. Do what you got to do, just get me help." They just kept me on the phone. If it wouldn't have been for that, I don't know what I would have done. I probably would have just hid under the bed and never come out. (Laughs) I really don't know. And so the cops finally came. And I was sitting on the porch outside, because the cops had been there for a good while with me, before [Walker] got back. And I had already just kind of been settling down, and realized everything that had just happened. And I was starting to get upset. And I just remember thinking, "Oh god, poor [Walker]. When he gets home, he's fixing to get the shock of his life." I was just so scared for him to come home, and I was just dreading it. I knew it couldn't be avoided; he was going to have to know. Anyways, we were sitting outside on the stairs, and I was sitting there with the detective and there was cops everywhere. They were finger printing and dusting. And they had not moved [my aunt] yet, she was still there where I had placed her. And I saw [Walker] walking across the footbridge, with a brown bag with groceries. I was thinking, 'Oh shit. Here we go.' He comes walking across, and he comes right up to the porch, and the place is just crawling with cops and lights and everything else, looked like a circus. So he walks up and goes, "What's going on, the roads blocked up there. I heard someone got killed. Took me a long time to get home, I had to find me an alternate route to come home" or something along that effect. And the cop said, "Sir we need you to come inside." And he saw me sitting on the porch and he was like, "[Ginger], what's going on?" And I was like, I didn't say anything. I knew that if I opened my mouth, it was going to be nothing but tears that would come out. So I couldn't speak. And the cop walks him up the stairs, and I followed behind. And we went in the living room, and at that point they had kind of closed the bedroom door a little bit and they said, "This girl here says she is your niece, and she says she was here by herself with her aunt. And she says that a man came up here and shot, who is apparently your wife. And we need you to verify that this is your wife." And it was something along those lines. I was sitting there on the couch, and I saw them open the door. And poor [Walker], he dropped his bag of groceries, and just fell back in to the door jam. I mean he just fell down complete. And then he was like, "Oh shit!" I mean that was the first thing he said. He was like, "Oh Shit!" And I was like, 'Oh my god.' And so that was when he came over to me. He was like, "W-what happened?" And I was like, "I don't know. Some guy, he came up here, and we offered him everything, and he

just shot her. Shot her! I tried to help her and it didn't [work], she was dead!" You know, and that was it. That was the end of that night. (F, 173)

As the interview continued, there was evidence to suggest that Ginger was not only able to recall the murder of her aunt but that she had relived the experience throughout the last sixteen years on various occasions, both intentionally (e.g. the interview) as well as spontaneously (e.g. when triggered by innate fears). This phenomenon is typically referred to as *intrusive memories* and is one of the criteria utilized to identify post-traumatic stress disorder. Ehlers et al. (2002) studied how the kinds of memories that are typically associated with traumatic events and discovered that respondents in their study were more likely to have acute memories leading up to the event as opposed to the event itself. They suggested that intrusive memories may serve as a stimuli or warning signal that would help the person avoid situations similar to those that lead up to the traumatizing event. This appears somewhat congruent with Ginger's report that she avoided certain stimuli that she associated with the attack (e.g. shooting firearms or the geographical location where her aunt was murdered) as well as her tendency to sleep next to objects that could be used as a weapon (e.g. knives or a baseball bat) when her fears were triggered.

What was particularly noteworthy to me in Ginger's recollection of the event is the fine level of detail that she recalled (e.g. the difficulty getting through to 911, the lengthy engagement with the 911 operator, and where she was "curled up" while she waited for the police). As the interview continued with Ginger, she spoke several times about how she continued to feel unsafe years after the event and suggested that the memory could not be excised from her memory. I got the impression that she felt that

she was victimized again as a movie projector would sometimes spontaneously turn on inside her head as she relived these moments over and over and over again. Although virtually every participant spoke about a similar phenomenon occurring to them, Ginger's vocal and body language made me wonder if those who experience murders first-hand may have more vivid and acute flashbacks.

Two participants described incidents where they were the first to find the body of their family member:

Laurie: [I came back to the house after running errands]. So I turned the knob and I opened it and I was putting the food on the table and I looked because there was nobody there. I looked [at] my mom's bed [and noticed that it was] on this side. I had brushed my mom's hair [that morning] all the way back with a braid, and her hair was like puffy. And her head was turned. She had the beginning of Alzheimer's, so she would do stuff sometimes [where] if I would do her hair up, sometimes she would do it down. So I thought maybe she had taken it off. So I went walking to the kitchen and I said, "Dad, what did mom do to her hair?" The back door was open. I said, "Dad!?" He didn't answer. That's strange. So I walked a little further and before you go in the bathroom, there is a little room with the washer and dryer, and I saw his feet. I mean his shoes were like up like when you are lying down. I said, "Oh my god! DAD!" He had blood running here. He was lying on the floor with his head kind of tilted up against the door. I said, "Oh my god. Who did this to you dad?" As soon as I turned I don't know... I don't know... people might think I was crazy. I feel like I was lifted. I didn't feel I was there anymore. I don't know if it was the shock. I felt like I was not even walking, like I was flying in the air. I was taken to my Mom's bed and when I looked at her in the face she was black. I mean my mom is light[-colored]. She is white. She [now looked] black. Literally the color dark black. This black was all of her face [ed. – she was describing the bruising on her mother's face]. (F, 177)

Clark: "[We] went in there, and they [had beaten] [my son], kicked him, pistol whipped him, made him open his gun safe, took his guns. Then they shot him in the head. And that's the way we found him when we walked in the door. We found him on the floor. (Pause ~20 seconds with sighing.) I go over to the house next door, and my wife runs out of the house screaming. I got one of the guys to call 911." (F, 177)

This is an incidence where one or more of the quotes differed greatly in relation to a similar experience. Clark, a white male, recalled the incident in very straightforward, cognitive language that left little room for misinterpretation of what the scene of the murder quantitatively consisted of. Laurie, a Hispanic female and the other participant who discovered the bodies of her parents, described a starkly different experience. She described the confusion in the moment, the nuance of how she came to realize that something was initially wrong within the home (where the bodies were discovered), how confused she was that her mother's hair was starkly different than the way that Laurie had done it just a few hours previously, and how the bodies of her parents hung in unnatural ways. In short, she described the process by which she became aware of the murder and how she reacted throughout the process.

The disparity between Clark and Laurie may reflect diversity in personal style, gender, or cultural differences. It also may illustrate some of the ways that some homicide survivors may catalogue information into pieces that they are able to digest. As I interacted with Clark and Laurie, they presented quite differently. Clark was consistently matter-of-fact and was less likely to use more words than was absolutely necessary in order to convey what needed to be stated. Laurie, on the other hand, felt as if she struggled to find the right words, as if she was still trying to put a particularly difficult puzzle together, which may have contributed to her tendency to be tangential throughout the interview. During our interviews, Clark appeared as if he was trying to control his feelings and report the facts as he perceived them but he tended to avoid reflecting on how those facts made him feel (except anger) even when encouraged to do

so. Laurie, on the other hand, appeared to be completely swayed by her emotions and had more difficulty conveying what happened in a linear process, which frequently required me to clarify her statements throughout the interview.

These two differing descriptions illustrate different interactive styles that homicide survivors may present with. Weiss (2007) discussed in detail some of the neurobiological alterations that commonly occur during and after traumatic stress. She described how trauma was associated to changes in the limbic system, the hypothalamic-pituitary-adrenal axis, and key monoamine neurotransmitters resulting in higher levels of arousal, emotional numbing, and re-experiencing of the traumatic event. These biological phenomena may stress and overwhelm existing coping mechanisms, resulting in behaviors that may appear extreme (e.g. hyper-cognition or becoming so overwhelmed by the emotional overload that they have difficulty conveying their cognitive and emotional experiences to others.) Reflecting on this research, Clark appeared to represent a more hyper-cognitive state during our interview whereas Laurie seemed to be inundated by too much information that was then difficult to articulate throughout the interview.

Another two participants described how they reacted after a friend informed them that their respective loved ones had been shot:

Sera: Got a phone call from a friend of my son's while he was at the police station. Said, "[Sera], [your son]'s been shot. They have taken him to [the hospital]." And that is when we went down there and spent the night there at the hospital waiting and waiting and waiting. (F, 178)

Annette: ...I called the house around seven-thirty. And nobody answered at the house and I said, okay well I'll just call Julie's house 'cause she's probably over there. About seven-thirty-five I figure, I called at Julie's house. And her mother

answers, like, hysterically. You know, [Annette] you gotta get home! And I go, "Why? What's going on? And she says, "It's [your daughter]." And I said, "What about [my daughter]?" She said, "[Your daughter]'s been shot!" And I said, "You're lying." I said, "You're *LYING*!" And she says, "You need to get here right away." She didn't say anything else. So I got kinda nervous I said well maybe [my daughter] was probably shot in the arm or in the leg, or something, you know, maybe she's *hurt*, but okay. So I tried to dial my mother's phone number and I couldn't, I couldn't even remember her number. I tried to dial my *sister's* number. I couldn't even dial anybody's number until *finally* I kinda like took a deep breath and I said, "Okay [Annette] you know, calm down, and dial mom's number." So I dialed my mother's number and I told her what had what had happened...and it was like I wanted to cry but I couldn't because things were just going through my mind. As we turn on, on the street I see the ambulance lights like far away. So we park in the landlord's – driveway and I just ran and I felt like my legs were so *heavy* that I was running in slow motion but the manager of the apartments where I lived at she said I was hauling butt. That I was running so fast that she didn't even recognize me, you know? And I just went under the tape and the cops stopped me and I figured she's in the ambulance. And nobody's telling me anything and I asked one of the cops, one of the sheriff deputies and I asked him I go, "Where is my daughter?" And they say, "Well who is your daughter", and I said, "[Daughter's name]. Where is my daughter? Is she okay? So one of the other Hispanic cops just says, "No she's not okay she's dead." I just fell to the ground. (F, 178)

Like Clark and Laurie, what was most notable about Sera and Annette was how they differed in the way that they described their loss in almost identical ways. Sera, a White female, appeared more cognitively-oriented throughout our interview whereas Annette, a Hispanic female, was more prone to detail-oriented answers that were often difficult to understand, requiring a number of follow-up questions to ascertain whether or not I understood the content of her statements. This appears to closely mirror the differences noted between Laurie and Clark.

Another two participants were informed of the murder of their loved one by other family members:

Anne - I was sitting there at the kitchen table [and my husband received a phone call]. And I heard my husband say, “Oh my god!” I said, “What's wrong?” and he said “Come on let's go, [our son has] been shot.” And I said “Is he okay?” And he just said, “Come on, let's go.” I got to the wreck, I got to the trailer park where it happened at, and my husband made me sit in the car, and he walked by there and in my mind, I'm thinking “Okay, they're going to take him to the hospital, they're gonna take him to the hospital...And I kept waiting for the ambulance to leave, I kept waiting for the ambulance to leave. And the ambulance never left. And then I finally realized what – that my baby was dead. (F, 179)

Finally, three participants described that they were contacted by the police:

Walker - [A friend of mine that worked for the local police department] said, “[Walker], don't go upstairs.” And as I was going up I could hear [Ginger] crying out my name. You know, there was no way I couldn't go up there. It was my house, I know it's a crime scene, I *guessed* it was a crime scene – didn't think about that, it dawned on me. I walked in there and I've never had so many people in my house, ever. There were so many police officers and everything, but all I could see was just movin' round but I could see her on the floor. *[Pause]* At that point, everything changed. Nothing was ever the same. (F, 179)

Walker was specifically selected from a number of participants who discussed their experiences after a police officer informed them of the death of their loved one because of the discrepancy between two recollections that Walker and Ginger made of the same moment in time. As you may recall, Ginger was present during the murder of her aunt (Walker's wife). In her recollection of the event, Ginger recalled that Walker had walked up to the house, indicated what he had heard about a murder in the neighborhood, and described the difficulty he had reaching the house before asking what was going on. Ginger's recollection was, “And the cop said, “Sir we need you to come inside.” Walker, who spoke in language that was similar to Ginger's, albeit with far more detail, recalled that the police officer stated, “[Walker], don't go upstairs.”

This dialogue discrepancy is unique in this study because both participants talked about a specific moment in time that they both evoked during their respective interviews and, based on information that they both shared, recalled that the event was a life-altering moment. Their memory of this incident was similar but not identical. Ginger recalled that the police officer encouraged Walker to witness the event whereas Walker recalled that he was discouraged from seeing his wife's body. Although it is possible that Ginger overheard and recalled a completely different interaction than Walker did, this interaction suggests that memory and/or perception could be in flux during traumatic moments. This would contradict a longitudinal research design by Peace & Porter (2004) who found that traumatic memories tended to be more static and less impaired than other kinds of memories. It should be noted that Peace & Porter initially interviewed participants who had experienced a traumatic experience within the last calendar year and followed up between three and four months later, whereas Ginger and Walker discussed an event that occurred 16 years prior to the interview.

Summary of Results for Research Question 2

Many respondents described symptoms consistent with shock at some level (e.g. somatic reaction, anxiety, confusion, hyper- or hypo-levels of affect, etc.) although it appeared that those who were either present during the murder or found the body described experiences that were generally more pronounced. This may suggest that those who have first-hand interactions with the body of their loved one may catalog their experiences differently than those who were notified of the death. For those who were informed about the death of their loved one, there was no evidence to suggest that the

participant blamed the person who informed them of the murder, despite the fact that some of the ways that people were informed were more callous than others. This may be the result of a selective memory during the interview or it may reflect a real tendency to not “shoot the messenger.”

Throughout the various interviews, participants frequently were asked questions that were not answered for a variety of reasons; perhaps they misunderstood the question, they may have shared an anecdotal story about the relationship instead, or maybe they did not identify with the question. It is worth noting that everyone could recall the way in which they discovered that their loved one had been murdered. In various ways throughout all of the interviews, participants described the murder of their loved one as life altering (e.g. Walker, “At that point, everything changed. Nothing was ever the same.”) By extension, perhaps the notification of the death was the first chapter in the book of how their life would change.

Research Question 3

What were your immediate reactions after you were notified of the homicide of your loved one?

This question was perhaps the most difficult to extrapolate from the participant’s given answers. Although the clear delineation of answers listed below may suggest linear cognitions, emotions, and affect the truth is that participant answers were frequently conflicting, chaotic, and difficult to differentiate. I was able to differentiate ten separate reactions after participants were notified of the murder of their loved one, including anger/rage, desire for revenge, suicidal ideation, distrust, the world has

changed, crying, state of shock, hard to concentrate or motivate self, depression, alone, and disbelief.

1. Anger/Rage

Pola - My reaction at that moment when they told me that they had found my son's body was rage. Rage against that person that, that I don't know what motives they could have had to tamper with the life of another person, to feel like a god in that they are taking away someone's life....That was my reaction, rage... (G, 180)

2. Desire for Revenge

Lalo - ...[G]oing through ideas of how we could make this right. Make this better, get even. We had to do something. Just couldn't do nothing. So what do you do? The murderers are already in jail. I don't know. It was definitely a moment when we weren't thinking clearly. We were lucky to have one of the members of our family there to tell us what to do and that we were thinking stupid. "We aren't killers. We don't kill people, we don't murder people. The killers are in jail. Let the system take care of them. That is what you got to do. You can't do eye-for-an-eye." (G, 180)

I differentiated between anger and the desire for revenge because I view these emotions as related but independent constructs; anger fuels a desire for revenge (Fitzgibbons, 1986). More specifically, the desire for revenge is more than just the sum of combined anger; rather it is a desire for retaliation in response to that anger. The perceived sense of justice, or righting a wrong, combined with impulsivity felt different both during the interview and during the data analysis. For instance, during a later part of the interview, Lalo went on to describe how he had been in the military and had spent time in Bosnia-Herzegovina where he was actively involved in aggressive police actions. He stated that he had made a concerted effort to walk away from that part of his past when he left the military, going so far as to make promises to both his nuclear family and family of origin to that effect. After the murder, Lalo shared that he had approached

a relative by marriage who owned a gun shop about getting a weapon expeditiously and indicated that in hindsight he was thankful that his brother-in-law had categorically refused to help him in his endeavor. While it is clear that anger was a factor in Lalo's thought process in the moment there also seemed to be a number of factors that exceeded the definition of the word "anger."

3. Suicidal Ideation

Anne: Hell on earth. [I] had commitments that I had to handle. I went around in shock. I wasn't left alone....[which] was a good thing. 'Cause I never realized that my husband was such a light sleeper. But Friday night when we come back to the house [after the murder of my son], there was nobody there but just me and him. And I was at the kitchen table, and I *thought* he had [gone] to sleep in the recliner. Thought. And I'm sitting out and I've got all my pictures and everything out and I'm sitting there talking to him [crying]. That's all I got left is pictures and memories now. Don't have a warm body to hold. No. So I get up. I walk from my kitchen, into the bedroom. My husband kept his gun under the mattress. Pulled his gun out [and] was taking it out of the holster and [my husband] was behind me. Said "No honey, you can't do that." I wanted to be with him. Wanted to be wi—I *thought* at that time, if I'd done it, I'd be with him, and that's all I cared about at that time. I wanted to be with my baby....so after that episode, my husband didn't let me stay by myself very much, you know. I wanted to kill my – I wanted to end it. I didn't care [about] my daughter, my son – didn't care about them. I wanted to be with my baby. (G, 181)

Although Anne's initial feelings may appear on its surface to be an extreme reaction to her son's murder, it is not inconsistent with previous research conducted by Murphy et al. (2003) who observed 175 bereaved parents for five years after the death of their children by accident, homicide, or suicide. They found that 9% of respondents acknowledged suicidal ideation within four months of the death and 13% of the participants stated they had suicidal thoughts over the course of five years after the death of their child. Interestingly, the highest rates of suicidal ideation occurred when respondent's children died of accidents or homicide rather than suicide.

4. Distrust

Janie: Disbelief, anger. I mistrust, I guess against people around – we [still don't] know who had done this, we still don't know. So you don't know who to trust or who – it could be somebody here. Somebody we see all the time. So it's kinda like paranoia almost. Although I'm not scared for myself, 'cause like I said I'm not afraid to go out there and confront somebody, I'm really not [laughs]. It's just for my family, my kids, my other children, my grandchildren, you know. That would come into play. It's – disbelief. That something, you know, could happen. 'Cause you always, like my husband says, hear about it on the news and you always say well, you know, I feel sorry for those people they must be going through something but you never know until it hits home. Then it becomes a personal issue. (G, 181)

5. The World has Changed

Walker - I just knew everyth-everything was gonna be different, I mean *nothing* was gonna be the same ever again. You know, you just wanna believe, you don't wanna believe it, it's just gotta be a dream, I mean this-this *can't* be real. You know, I went on in there and stood over her, and I *knew* – *she* wasn't there, it was just a corpse there. [Ginger] was there, she called out my name as I was coming up the stairs [deep breath/cough] but, oh man, that's the hardest part to get through. Is you gotta bring up all those memories when you're trying to explain what you felt and what you saw, even though it was sixteen years ago, it coulda been last week.... Just don't know how I'm gonna get along without her. (G, 181)

6. Crying

Jennifer - I can't explain it. It was like, this isn't really happening...I can remember, I kind of remember talking to a friend and I remember crying I said, "I won't ever *see* her again, I won't ever see her again." But during the next ...year I cried *a lot* during that first year. (G, 182)

7. State of shock

Clark - When I first saw him laying in there, I thought maybe he'd had a problem and passed out or something, and I went over there and saw the blood and everything else. And my wife walked in behind me, and I looked over at her and I told her, "He's dead, he's been shot in the head." And she ran out screaming...and then I was kind of uh, in a transient state or something, you know, kind of walked through the rest of the day you know. (G, 183)

8. Depression

Pola: [I] get depressed, there are days where I don't want to talk to no one, absolutely no one, I have no motivation for anything. I needed to complete 8 more hours of what it was that I was studying, massage therapy, and I no longer want to know anything about that, I am not motivated to work. A lot of people have told me and continue to tell me "how strong you are" and that gives me rage, that gives me rage for them to tell me that, rage because those people don't know what one is suffering. (G, 183)

9. Alone/No one Understood

Ginger: It was very *hard* and my grades slipped a lot....you know, you know the teacher is up there giving a lecture, and in my mind, ugh, you know I just kept going over everything that happened and thinking, "No one here knows what's going on in my mind right now. If they only knew the atrocity of what I had seen" you know. It's... I just felt like no one could relate and I felt really like an odd ball. I would space out sometimes and write notes to [my aunt]. Like in English class, or whatever, where we had our journals at, we were supposed to be taking notes on what the teacher was talking about and I'm sitting there writing, you know, a letter to her....[Most teachers gave me more latitude in class] except for this one teacher, and she just pulled me outside the classroom and just, I mean, reamed me. And I was like, "You don't understand! I just want to go home." (G, 183)

10. Disbelief

Zoe - It was disbelief. [M]y worst fears had...happened. (G, 184)

Summary of Results for Research Question 3

Of the reactions covered previously in the literature, including torment over details, cognitive dissonance, anger and desire for revenge, guilt and self-blame, and fear and withdrawal from previously important activities, only guilt and self-blame were not reported in this study. Jennifer and Anne talked about how the deaths had led them to become preoccupied over the details of their children's deaths. Walker and Clark shared their difficulty wrapping their mind around the events of their loved one's murder. Pola

and Lalo conveyed their anger and desire for revenge. And Laurie, Pola, and Ginger discussed how their loss had resulted in feelings of isolation.

The research also found that some respondents reported suicidal ideation, feeling alone, and that the world had changed. At first glance it may appear that feeling alone is similar to fear and withdrawal from previously important activities. If one peers deeper into the essence of what was being discussed, when Ginger was describing her sense of being alone, she was describing how she felt that others could or chose not to connect with her. This differs from fear and withdrawal from previously important activities which refers more to choosing not to engage with others due to how one may be treated. Walker's description of how his world had changed felt like he was describing how his perception of reality and his place in the world changed dramatically.

Although convenient, these categorizations may represent an oversimplification of a chronic difficulty digesting how their loved had been murdered. Some responses from participants appeared similar but there appeared to be a fine difference between the shared content. For instance, Ginger shared how she felt that no one understood what she had experienced and simultaneously felt that she was having a difficult time wrapping her own mind around what had occurred. Alternatively, other participants appeared to have seemingly conflicting reactions, such as Pola, who talked about how angry and depressed she was. These seemingly contradictory emotions feel more rational when placed in context. One way to interpret Pola's feelings was that she was angry at an unknown person who had murdered her son, but unable to focus her energy

at the murder, began to direct her anger at herself which was expressed through depression.

What may be most poignant is not the labeling of the reactions themselves; rather it appears that reactions appear to non-linear and multifaceted. As future researchers investigate and clinicians interact with this population, this may be the most important facet to have meaningful interactions and interpretations of their presentation.

Research Question 4

How did the murder affect your lifestyle?

This question was designed to capture the long-term dynamic reactions following a homicide. As discussed previously, it is important to explore the reactions of homicide survivors because often the reactions of homicide survivors are largely misunderstood by researchers and clinicians alike (e.g. Armour, 2002a; Asaro, 1992; Ochberg, 1988). I feel that this is important because while the murder itself may be what drives the reaction, it is the reactions themselves that likely drive people to seek help, whether that help is from friends and family, religious counsel, or through the use of formal counseling. It may be forgivable for friends and family to either not understand or make pithy suggestions that reflect their ignorance of what homicide survivors are undergoing. However, professionals who interact with homicide survivors are ethically obligated to be able to fundamentally understand their client's presenting issues and practice within the boundaries of their training (APA Ethical Principles 2.01, 2003). Thus, while many of the reactions discussed may be similar to those who have

experiences unrelated to murder, it may be helpful for those of us who do interact with homicide survivors to help us wrap our mind around their experiences.

As you might expect, responses were comprehensive of the human experience encompassing positive reframing, negative introspection, and existential thoughts and feelings. I also felt that the categorization process for this question was highly subjective and there were several times when an item could have easily been placed in another category. Once again, the classification process may make it easier to digest the information obtained but does not necessarily reflect the true internalization by each participant or truly how a participant and/or client may present.

1. Positive Recollections

a. Romantic Relationship Better.

Zoe: It brought me closer to my husband. We were always close anyway, but just brought us closer together. It made me – I just realized that life is too precious, it's too short, and you have to take what you can – and run with it. It might not be there tomorrow. (H, 185)

b. More Adventurous/Risk Taking.

Walker: Like I say, I've become a little more – I'm not sure, maybe adventurous, maybe, I'm not as so fearful of being involved in risk-taking events or danger...It wasn't soon after [her death] that I was in Amazon trekking with head hunters. Found out how to shrink heads [*chuckle*]. But you know, it didn't scare me....[my wife] was afraid to go to places like that because she was afraid it was dangerous. It's dangerous in your own *house*! She was killed in her own home! (H, 185)

c. More Likely to Share Feelings with Others.

Anne: Oh, one thing, I have a larger mouth than I used to have. [Laughing] I don't let people run over me like I used to. I've always been kind of a strong-willed person but I'm more now than I used to be. I do think differently as far as telling people I love 'em or I care for 'em. I do that differently. (H, 185)

d. Enjoy Life While You Can.

Lalo: It's just the sense of security and not being able to spend enough time with my family. We always feel like we have to be around each other and it's just trying to live through the day. Our motto used to be "save for the future, make sure we are prepared for the future." Now it's "we still save money, but it's also about now." You know what; we are going to take two vacations this year. We are going to spend this money, if you want to go to the casino and blow a thousand dollars, blow a thousand dollars, I don't care. You want to buy that, go ahead." Because I don't know I might not be here next year. (H, 185)

e. I Do Things They Would Want Me to Do.

Zoe: I think of [my son] more than four to five times a day. I just carry on with doing the things that he would want, I *know* that he would want me to do. I go in to the colleges and speak about my son's murder. After [one] speech I gave, one girl in the class wrote this letter: *You are very brave. I appreciate you sharing your story. My life was on the same road as [your son's] not long ago and your story will make me stay on the right track. God bless you.* That makes it all worthwhile. (H, 186)

f. More Relaxed.

Zoe: Umm – [big pause] I think I've become – more mellow. Things that bothered me – big things – little things that used to bother me, somehow don't bother me at all. Nothing matters when dealing with the death of your son, or the death of your daughter, or the death of your parents. It's just – I think it's more so when they're a part of you. (H, 186)

If there was one theme that appeared to emerge from those who identified positive changes in their lives since the murder of their loved one, it appeared to be "I'm living more in the moment." Participants described a desire to spend more time with those who were important to them, express feelings that may not have been previously

stated, and just *do* more. For instance, Zoe was overwhelmingly the person who framed her loss in terms of how she had improved the way that she interacted with others (e.g. her husband), attempted to make a difference in other people's lives (e.g. sharing her experience with others), and putting everyday stressors in perspective.

Alternatively, the undercurrent to that theme appeared to be "...because tomorrow is uncertain." There seemed to be a sense of urgency to make sure that others knew how they felt about them *now*. An example of this was given by Anne, who spoke about how she is more prone to share her thoughts and feelings with others. During our interview, she did not indicate any regret about sharing unstated feelings with her son, even when asked, yet there appeared to be a residual feeling that she needed to express herself to others more spontaneously. On the other hand, Lalo talked more about how he (and by proxy, the rest of his family) was living more spontaneously and enjoying themselves in the moment rather than waiting for a day in the future that may or may not come.

Although almost all of the positive reframes could have been categorized under the existential umbrella, I felt that my categorization of Walker's statement was the most arbitrary. Walker spoke of his willingness to take more risks in life, which could be construed as an existential response to his loss (i.e. one way to interpret his increased willingness to take more risks is because he lost his "true love" and no longer places the same value on his own life as when she was alive). But then he placed his increased willingness to take risks in context; his wife had been murdered in her own home, a place that she had previously believed to be a safe haven. If home wasn't safe, what was

safe? Or perhaps more poignantly, *where* was it safe? And if I am not inherently safe anywhere, then why shouldn't I explore and do things that I previously felt were unsafe? Thus my interpretation of his statement became "I am going to do whatever I want to because my preconceived notions of safety no longer exist," which felt more like Walker had freed himself from limitations that he had previously placed on himself.

2. Negative Recollections

a. Anger/Desire for Revenge.

Annette: I'm looking, trying to get information in time to get a wrongful death civil suit. I don't know if I still can, if I'm still eligible to do that, against his parents because what I wanna do is ruin his credit. Ruin his life like he ruined mine. You know, to where he can't get anything – because of what he did. You know, I'm not gonna take his life. I just wanna ruin it, just like he ruined mine. (H, 186)

Janie: I guess the fact that you've got more anger and rage than other people would. Where you are angry sometimes when people die if they're sick or something...I think that's probably the most difficult thing. The fact you are angry at somebody. You might not know who, maybe yourself – I mean, maybe God. You know, sometimes you get angry at God. I think most of the time that's who we're gonna blame anyway. Because God allowed these people here. So you do get angry. I think anger is the most important component in this murder thing. I mean you're already dealing with the loss of your son or daughter. And then to be angry on top of it because you don't know why these people did it – why the hell did they do it? I mean, it doesn't make any sense. To do something [like that] – take somebody's life. It's an inconceivable [that] somebody could do that. But there's lots of evil people in the world that thrive on other people's pain. Physical or mental. (H, 186)

b. Everything Harder/Exhausted

Clark: We don't do stuff like we used to, we don't go dancing, and you know, we don't do holidays very much good anymore. We'll go someplace for a while, like we went over to my cousin's, who's my godson, for Thanksgiving. We was over there and [my wife] just started getting moody and [we] came home about 5 o'clock. (H, 187)

c. Difficulty Sleeping

Laurie: It affected [me] in a lot of ways. To begin with, sleeping, I can't sleep. I have to take sleeping pills. And even [then] I think I sleep three hours at the most. (H, 187)

d. Family of Origin More Important at Expense of Nuclear Family.

Lalo: I used to go to work, go home, do home projects. Do a lot of things, you know the right things to do. The typical things that a family man does. Nothing was ever in excess. Everything was very controlled. My life was – I thought I was happy. Since my brother's murder, I don't really care for schedules. I think everything needs to be spontaneous. If my mother calls and says, "Hey I am making ..." I don't consider what my plans are for then, I go. Sometimes my wife makes plans and I won't care. I'm like, "Sorry but I got to go..." and that is one example. I am always trying to be around my family and I don't think I can ever get enough of them...I feel like when my brother was around that she had something to do with me not wanting to hang out with him, and maybe that is not a fact, but that is how I feel...I just think everything is about my family [of origin]. Even though my wife is my family, she kept me away from my brother and that – I don't know. That is just how I feel. (H, 187)

e. Fear/Lack of Trust

Ginger: Well, it changed the way I did everything. I still to this day, live my life in fear. It changed my lifestyle, because I just have a different outlook on everything. I take everything a lot more seriously. Don't take anything for granted. Because of the things that we have had to do, like [being active in] victim's groups and things like that. It opened up my world to other people and meeting other people and having to really hear about a lot of victims and their stories, and not just from on the news, but to always know these people and meet them personally and to talk with them. You bring that into your life [and it affects you]. (H, 188)

f. Holidays are Different.

Annette: I don't believe in celebrating Christmas anymore, celebrating New Year's – I don't care for them for now. (H, 189)

g. Feel Stuck.

Walker: Probably not a day not goes by that I don't think about it in some form or another. I mean it's difficult to explain to someone who's never had that happen to them. That one effect it does. It's not like [a] sickness or an accident.

It's the choice of someone taking a life, [when] somebody steals something very precious. No one person could do any more harm to me than that. And not to mention [that's] just for *me*, just think of all the people she's affected. She's got brothers and sisters, aunts and uncles, a mother and father – and all of our friends. I mean, it's affected them just like it's affected me. (H, 189)

h. Life Changed Forever.

Anne: I kept waiting for my life to get back to normal – I found out that we have an abnormal-normal now. It's totally different. It'll never be the same, will *never* be the same. You might see the same people, you might talk to the same people, you might – fix the same meals, you might do everything but it'll never be the same, will never be the same. Like I said at the beginning, I had a match set, and my set's broken. It always will be. (H, 190)

i. Loss of Faith in God.

Clark: Prior to [my son]'s death, on September the first '02, my mother passed away. And she was Ninety-three, so that was kind of bad. And then September the 11th, they had that stuff in New York City, and my son, my oldest boy, John, he lives up there. He, he uh, was thirteen blocks from where [the World Trade Center was destroyed]... And I think about 9/11 a lot, you know, I'm just thankful that my other son didn't get involved in that. I just don't understand how people get to be so crass and go out and make an excuse of religion and stuff. That's another thing, I'm still angry at God for letting this crap happen, you know? I don't go to church. A lot of people come up to me and start talking about giving yourself to God, and everything. I'm just not there. My wife has come across that a bit, but I don't know how long till, if ever it comes about. I don't even know that I believe in God anymore....I was raised a Catholic. I never was a bible thumper per se. When somebody said "goddamn" it would bother me, but it doesn't bother me anymore. Stuff like that, I just – blasphemy wasn't in me, I never said it myself. I have said it a number of times since [my son was killed], a lot of times. I don't understand how if there is a God, how he would let [it happen to my son] – not only to my son, but everybody else that this stuff happens. Just ain't right. (H, 190)

j. Hopelessness/Meaninglessness.

Pola: One no longer has the desire to excel personally, laboriously, spiritually. Your desires end, all of it ends. And, if anyone within our family is feeling bad, none of our family can be considered to be completely fine, all of us have some conflict and this just brings even more conflict within us too. (H, 190)

k. Desire to Die.

Janie: I'm a nurse. I enjoy nursing, I've always enjoyed nursing. Since I was a kid, I knew that's what I wanted to do is take care of sick people. And I know there's a time in life when there's nothing else you can do and you ask God to please relieve the pain and let these people go on. Relieve the suffering. You know sometimes in life there's just suffering and it just goes on and on and on. And it's not physically pain, it's mental. Mental anguish. Despair. Sometimes death is preferable to having that type of pain. When my son died I thought, and I've never contemplated killing myself or, I've always thought about that but I thought if God would just let me drive off a bridge and die right there, I wouldn't care if I died or not. I'd just close my eyes and fall off the bridge down there and go into the water, I'd be okay. I feel like I haven't been a good mother to my other son. I try to but sometimes you just, you feel like you're all spent up. You don't have anything else to give. You've given everything. (H, 191)

l. Don't Laugh Anymore.

Pola: Well, I, I've changed in that I no longer have the desire to laugh. I'm the type of person, I've always been the talkative type, I'm the type that you never know if I'm joking or seriously speaking with you, always kidding around being facetious, facetious, always laughing and not taking things seriously and this is something that, I can't say that I'm not going to take this seriously. (H, 191)

m. Don't Feel Safe.

Ginger: I am just very careful, and cautious, and aware of my surroundings always. Like I said, I don't ever take my safety for granted, because I know that at any given moment anyone can march through the door and turn my whole world upside down. So I am just a very safe person. Very cautious. Very aware of my surroundings when I go out in public, or if I am at home. I just try to always be in a little bit of control of the situation, so that if it seems that at the last minute all this starts going really bad that I have a way out....Especially if I have my son with me. Even more so. I get really, really paranoid. ...Wherever we are at. The mall. I always am thinking, 'Okay if a crazy gunman comes walks in here right now and just starts open firing on everybody what am I going to do? Where am I going to go? Where am I going to put my son? What is my strategy going to be? Am I going to wait until there is an opportunity to get this guy close to me and try to punch him or kick him? Do I need to try to talk to him in a nice voice and try to be consoling and understanding to talk him out of what he is about to do? Do I need to worry about running and hiding? Where are we going to hide? I see a table over there. There is a bookshelf over here. Is there anywhere I can go run and hide at least my... get my son out of the building?' An escape strategy. Always. Always try to have one.... Sometime, some days

when I feel more unsafe than usual, and again for no particular reason. It's just some days, [like] if I have had a bad dream then the following night I might want to take a knife, a butcher knife, out of my block and put it on my nightstand. (H, 191)

n. Need to Distract Self.

Clark: I try to, I try to keep [my wife] busy. You know, when I'm here by myself, I'll do stuff too to keep me busy. For a while there I was working as a host for model homes. I got a cousin that's a sales person there, he called me up and asked me if I wanted to do it. You know, I wasn't making enough to see any money, I was just making enough to compensate for driving back and forth and stuff like that, but it gave me something to do for two and a half days a week. Just staying in this house, it just closes in on you some. Before it wouldn't have bothered me. (H, 192)

o. Don't Enjoy Anything.

Annette: [big pause] I think I stay to myself more. Don't wanna be bothered with anything. I don't do anything exciting. My life is a bore. Umm – I don't like to do anything, I don't like to go shopping, I don't like to grocery shop, I don't like to do *anything*. I just like to just – be on the couch watching TV. (H, 192)

If participants who expressed more positive reactions to their loss were “living more in the moment,” those who expressed more negative reactions appeared to be summed up with two words: anger and exhaustion. Collectively, the weight of their loss appeared to press at the very core of the person that they were and the burden was overwhelmingly difficult to bear. Answers varied from Ginger's fear of the world to Laurie's fundamental difficulty sleeping anymore, from Lalo's family's self-imposed isolation to Walker's sense of feeling stuck in time, and from Clark's loss of faith in God to Janie's desire to die. Perhaps the truth lies in the numbers; whereas those who had positively reframed their experiences found six ways that they had coped, participants with negative frames identified fifteen ways that their lives continued to be more difficult since their loved one was murdered.

Participants appeared to share their experiences in terms of things that currently existed that did not exist prior to the murder, things that had been absent from their lives since their loss, and how their experience had changed the way that they view and interact with the world.

Once again the participant's reactions were dichotomous; of the four people who identified positive reactions to the murder of their loved one, two also identified negative consequences as well. This may illustrate a general perception of emotional chaos that some participants did not overtly discuss during the interview but may present with when seeking counseling.

3. Existential Recollections.

a. Want to be a Good Person so I can See them in Heaven.

Pola: ...[I]n my past I thought that I never wanted to die, I still have a lot of plans left to complete, now I don't care, now I say if someone murders me or if I get sick and die naturally I won't care because I'll go with my son. My son is there and he's waiting for me, so I'll go with him... (H, 192)

b. Event has Put Life in Perspective.

Anne: [Pause] Uhh, I don't get as much accomplished as I used to. I had great plans, but I just can't, I don't seem to follow through with things I need to do. I don't let people walk over me, like I said before, that's one thing. [Pause] I look at life differently. I treasure the little things more than I used to. And I'm not talking about mandatory things, you know. Or tangible things, let me put it that way. I take more time. [For instance] I revel in seeing my daughter laugh. Uhh – seeing my son cook. [Pause] Uhh – being able to wake up in the morning....I'll take that extra minute when I talk to the kids on the phone, my other children, or I talk to somebody I love, I take that extra minute and say “hey, I love you.” (H, 193)

c. Live More in the Moment.

Pola: It has affected me a lot in that I no longer want to know what's going to take place tomorrow. I don't want to think of all the negative things that are going to take place tomorrow. (H, 193)

The term “existential” is not intended to describe the pursuit of one's existence in an uncertain universe but rather the level of introspection and change that they had identified since their family member's homicide. For those who identified with a more existential edge, the general consensus appeared to be that they viewed life through a different lens than they had prior to the murder of their loved one. Pola talked about her desire to see her child in heaven and how she no longer fears death whereas Anne spoke about how she treasures the little things that she may have paid less attention to in the past. The sense from these participants was that they perceived the world in a way that greatly differed from the way that they had in the past, as if they had peered into a fourth dimension and found some meaningful insight that they had not sensed previously.

Summary of Results for Research Question 4

Although some participants were able to reflect on positive changes in themselves over the course of their loss, the clear majority of participants spoke extensively about how their lives had been negatively impacted by the murder. Those who identified affirmative changes in themselves appeared more inclined have a more philosophical outlook on their loss (e.g. living more in the moment or continuing to do things that they felt that their loved one would approve of). Participants who reflected on the negative reactions in their lives were inclined to talk more about their loss of faith in God, anger, the loss of meaning in their lives, and desire to no longer bear the pain of

the homicide. Those who reflected on more existential matter tended to discuss how the event had put their life into perspective, a desire to see their dead loved one in heaven, or living more in the moment.

Research Question 5

How did your support system change after the homicide of your loved one?

Part of the emphasis of this research project was not simply to gauge the reactions and coping mechanisms of participants but to see if they perceived that their support system had changed after the homicide. I felt that this was important to investigate because I think that our support system can be taken for granted at times. Although there is a natural ebb and flow of friends and family in one's life most of the time our support system remains relatively intact and constant.

Previous research of support systems after traumatic events, such as homicide, have given us reason to pause because anecdotal evidence has indicated that at least some people report radical changes in their support system (e.g. Armour, 2002b; Orth, 2002; Spungeon, 1998). I felt it was important to examine what the subjective experiences of the participants were to sustain, repudiate, or place into context any changes to the support systems of the participants. Statements were divided into Supportive and Unsupportive experiences.

1. *Supportive Changes:*

a. Being Able to Talk with Others.

Walker: [It's important that other people can be able to talk about the murder because it] makes it all real, puts it all in perspective. 'Cause you've got to tell *somebody*, you can't keep it inside, I found that [if] you try to keep it inside – you pop a gasket somewhere. But I feel it's *very* important that you be able to express yourself and be able to talk to people. (I, 194)

b. Friends and Family Supportive.

Pola: Well, they, friends, family, and neighbors helped us by coming over and waiting with us. A lot of people came, people that chose to worry about us, they were supporting us and we felt their support to be very sincere. (I, 194)

c. Others Remember Loss.

Laurie: Well like the people all around they haven't forgotten them. Like here, I will go to the post office and I will hear, "My prayers are always with you. I am always thinking about y'all." I go to the store, oh my god, "How are you doing?" They haven't forgotten. That helps a lot. (I, 195)

d. Not Alone (Others have Experienced Similar Loss)

Janie: Yeah, I had one of my younger son's [mother], her son was murdered. And she came to my house. [And a friend of my other son had been murdered] so that mother called me, and she came by the house and told me what a hard time she's having. But that helped me a lot, you know people that went through [similar events]. (I, 195)

e. Increased Familial Communication.

Lalo: Well [we] came to realize that all the little problems, the little family problems that we had communicating with each other or letting each other know how we really felt... we let them know. Stepping up and telling our family members that we knew they had a drug addiction or that they had problems with feelings or anything they had. I know he had a cocaine problem. I know it man. And just try to resolve it within our family. (I, 195)

Participants overwhelmingly cited the ability to communicate and interact with a variety of people as being helpful, although the way that it became meaningful appeared to differ from person to person. Some participants cited their friends and family simply being available as helpful in and of itself, others suggested that when others spontaneously remembered and said something (e.g. “my prayers are with you”) that conveyed support and was helpful. Janie indicated that other friends of the family who had lost family members via homicide had meaningful insight into her personal experiences.

Participants who described positive changes within their support system appeared to receive global support from friends, family, jobs, and their faith. Participants also described support in the time and space required to grieve, as well as in terms of physical and emotional presence of their support system.

Unfortunately, all of the participants who were able to cite positive support from friends and family also reported events that were disconcerting and/or shocking as well. Additionally, there were a number of participants who were unable to identify any help they received from friends and family.

2. *Unsupportive Changes:*

a. Social Isolation

Ginger: Umm...Yeah I felt like before, um, you know, me and my cousin were pretty popular in school, and we had a lot of friends, and we were friends with the cheerleaders, and all the people on the dance team. We were really active, and had a lot of friends sit with us at lunch. And I kind of felt like after [the murder] everyone, you know, it’s not that they didn’t want to be my friend. I guess they just didn’t know how. And a lot of people just kind of shied away. (I, 196)

Anne: The friends grew further away...Not of all of them, part of them. People didn't ask me to do things like they used to....you got friends that take two steps away from you, you know, 'cause they don't want that *disease* to jump over on them....Yeah, a lot of things changed. Friends you thought were friends [would] step back. You know, they they don't wanna get close to you because they thought, okay – your son was murdered – I have a son – you know, maybe my son'll be murdered. (I, 196)

b. Mom Avoided Discussing Murder.

Ginger: She didn't... bring it up. She didn't like bringing it up. She didn't like me being around [Walker], because she felt like it was bad for me. It made me angry. It made me really angry at my mom, for just trying to pretend like nothing happened. She would always say, "We just have got to get on with our lives. We have to forget about this. [Your aunt] was a great person, we will miss her. We love her dearly, but we have got to get past this. We just can't dwell on this and think about this." (I, 197)

c. Only Comfortable Around Family.

Lalo: We used to have...friends. You have your family and then you have your friends. And it hasn't been like that anymore. You just don't bring people that aren't from the family around. It just is like that. It makes other people uncomfortable and we know that.... I don't feel comfortable around your friends. I know you don't feel comfortable about our friends. Fuck our friends, it's just us. Everybody else...it's just us against the world. That is it. Nobody is going to take care of us but ourselves. That is how we are now. We don't trust anybody at all. (I, 197)

d. Things that Others Said.

i. Murderer is a Good but Mised Person/Just Get Another Wife.

Walker: [The Juvenile officer] was talking to this guy, she say "That's really too bad, poor kid needs a break, and he's...gonna have a rough life. Too bad he's got himself in this trouble" and [she talked] all about *him* [the defendant]. And they were sittin' damn near next to me. [The person sitting next to the woman asked me] "How long's it been anyway [since your wife was murdered]? And then I just said, you know, somethin' like 6 months, 2 weeks, 3 days, and so many hours because you *think* like that....And [the man] says "Ohh – I'm sorry to hear that, that's too bad." And then he says he was the minister in [the perpetrator's] church and that he was a good kid, he just got misled and all [I needed] to do is getcha another wife! Man how can you even think that? I mean, you know, when

a person's life [is taken], oh just getcha another one! Just like it was – well you wrecked your car, get another one! Some Christian. (I, 197)

ii. Murdered Loved One Must Have Done Something to Deserve It.

Janie: Hurtful different stuff like “He was probably hanging around the wrong people,” “he was probably selling drugs.” That he was hanging around with a . . . [laughs] bad girl, you know, probably a bad girl, that's what happened to him, you know? That his dad does drugs, that's why we have this house. That [my son was] involved [with] drugs, you know? Stuff like that. (I, 198)

iii. Felt Blamed.

Pola: There was another thing that bothered me and it bothered me very much, it was something that another of my sister's said (pause, sigh), “I think [my son] was in a lot of problems but you two never questioned it. How is it possible that you two didn't notice?” And I felt as if she were blaming me and I got mad... (I, 198)

iv. God's Will.

Walker: Most of them have been harmful, but they [seem] kinda misguided, I think, you know? Some ministers say, you know “Well God picks the prettiest bookcase for His, for His centerpiece,” or whatever like that, you know? Yeah right. (Chuckle) [Or] “She's in a better place.” (I, 198)

v. You have Other Children.

Anne: [When people] tell me stupid stuff like, “You got more children,” [or] “You had him twenty-six years” ...they don't think it's hurtful but it's hurtful to *you*. (I, 198)

vi. Mourning will Interfere with Loved One's Final Resting Place.

Annette: You know, everybody tells me, “Oh don't cry for her because you're not gonna let her rest in peace.” That's bull. That's a Catholic thing, you know? You're not gonna let her soul rest. You're not let her her soul rest and she's not gonna be at peace, you know...sometimes I'll just be feeling like killing myself because I wanna be with her but I don't do it because I know if I commit suicide, I won't see her. (I, 198)

vii. Mourning is Selfish.

Annette: Telling me I've having a pity party. Like – one time me and my sister – were having it out on the computer. We were chatting and she said that what really pissed [her] off was that...I was making it all about *me*. That I needed to stop thinking about *my* [loss] and stop thinking about me, me, me. You know, it happened to *me*. They took her away from *me*. How do you want me to feel? How do you want me to express myself? I didn't talk to my sister for a couple of months, and we're not as close as we used to be either. (I, 199)

viii. Get Over It.

Ginger: Telling me that I needed to forget about it. Telling me I needed to forget about what happened. I wish I was able to do that. But it's just not possible. For people to say you need to forget about it and move on, you know, if it was that easy, believe me I would! I just didn't like being told to just forget about it, when you can't. You don't have any control over it, you just can't. (I, 199)

Participants largely described the most unsupportive experiences by others were conveyed utilizing behaviors or language. Behaviors varied from intentional (e.g. avoiding discussion of the murder) to unintentional (e.g. avoidance of participant because they do not know what to say). This change in behavioral interaction appeared to be described as being motivated by the other person's innate discomfort with the homicide survivor or the topic of murder and/or death in general.

The kind of language that appeared to be the most distressful ranged from blaming the victim (e.g. they must have been selling drugs) to blaming the participant (e.g. your negligence directly or indirectly contributed to their death) to grossly insensitive statements (e.g. you have other children or get over it). By and large the underlying context of these statements appeared to be rooted in trying to find a *reason* that the murder had occurred, a phenomenon which was previously discussed as Belief in a Just World (Armour, 2002a; Correia and Vala, 2003; Correia, Valla, & Aguiar,

2001; Lerner, 1980; Redmond, 1996; Spungeon, 1998). The tendency to try and rationalize something that is inherently random can lead others to make statements that may be perceived as being hurtful by the homicide survivor.

Summary of Results for Research Question 5

Although the participants reported both compassionate and uncompassionate experiences with their support groups, the data collected appeared to be significantly skewed towards unsupportive support systems. This anecdotally appears consistent with prior research which found that others commonly demonize other after a sudden and violent death, previously referred to as a Belief in a Just World.

When contrasting the things that were supportive or unsupportive, participants appeared to be most comforted when family and friends closely approximated the same level of support after the murder as they did before the murder. Alternatively, they were most hurt when they perceived that they were being blamed, their grief was minimized, or the quality of the relationship changed abruptly without any perceived reason after the homicide.

At an even more fundamental level, communication appeared key to perceptions of support or abandonment by their support group. Those who reported supportive experiences indicated that their friends and family were authentic, available physically and emotionally, willing to listen to their reactions and feelings, and there was diversity in support (e.g. family, friends, neighbors, work, church, etc.). Alternatively, those who reported unsupportive experiences related that they felt either ignored and/or avoided after their loss, blamed in some way for the murder, were told that their mourning was

inappropriate in either duration or intensity, or that feedback they received was delivered in a trite manner (e.g. murder is God's will, you have other children, etc.).

Research Question 6

What helped you the most since the murder of your loved one?

This question was designed to capture the coping mechanisms that survivors had utilized since the homicide of their loved one. When initially formulated, it was hoped that this question would describe the inner strength and/or resources that had helped them after their loss. More specifically, it was anticipated that this question would help practitioners identify strengths in their clients, which may help them recover faster following a murder.

Participants reported a number of coping mechanisms that varied from a loss of perceived naiveté to redirecting one's priorities to utilizing one's time in a novel way that was meaningful. Some participants were unable to identify any coping mechanisms that had been beneficial.

1. Being More Cautious.

Laurie: Being aware that there are bad people. I didn't think. I would go to the store and leave my purse in the basket and go away to another isle and get something. I will never do that again. (J, 200)

2. Reflecting on Loved One's Life.

Janie: All of the memories I've got, all the pictures. All the kisses and love we shared. All the times we went out to eat. All the times he took me drivin' in his car. My daughter's very good. My son, my husband is very supportive. And when I get real down, I'll go in my car and scream. I'll be driving down the road, just be screaming. [crying] I hear – a song [that reminds me of him], I'll cry. (J, 200)

3. Time.

Clark: (Pause ~10 seconds.) Well, I guess, time has helped some, because I've learned to not be so aggressive in everything like I was. (J, 200)

4. Creative Tasks.

Janie: One of his friends, some of his friends composed a song for him [and] they made it into a CD and they gave it to me. And I write poetry to him. I write, I journal my dreams, I write. When I'm angry I write and when I'm sad I write. And that's helped me. (J, 199)

Zoe: Well, I took up painting....I'm very active in the art society. (J, 200)

5. Spending More Time with Family.

Lalo: I think the thing that has helped the most is just being around family....We get together and reminisce a lot and just kind of try to do those things that we regretted not doing before the murders. (J, 200)

6. Working with Other Crime Victims (Including Parents of Murdered Children).

Walker: Working with other crime victims. Helping them through the process.(J, 200)

Ginger: I would say the support groups. Even though I don't go often anymore, in the beginning I did go a lot. We would go every month. I would say the support groups were [helpful] because it was kind of like being home. You had a place where everyone has kind of the same feelings and comments. You don't feel like an outsider. It was nice, even though I didn't like the thing of introducing yourself, and I still don't today, [but I do enjoy] the mingling part I enjoy. That probably has been the most therapeutic thing that I was able to do. (J, 201)

7. Prayer.

Ginger: Prayer is my safe haven. When I am...scared I just pray. I pray, and I pray and I pray some more until I eventually fall asleep or feel safe. (J, 201)

Pola: Prayer, I've prayed a great deal, a great deal and when I am most hurt and upset I cry, pray, and that's the only thing that I do, ask God for strength. (J, 201)

Jennifer: So I've had to really depend on God. I think if it wasn't for my belief in the Lord Jesus Christ, I think I would kill myself... (J, 201)

8. Nothing.

Annette: Nothing really. I mean (pause) nothing. Nothing's helped. That I can think of off the bat....It's like it just happened yesterday. (J, 201)

Summary of Results for Research Question 6

Participants described a number of coping mechanisms that had been helpful, ranging from better communication with friends and family to a closer relationship with God. Some activities were initially designed to be a creative outlet (e.g. writing poetry and painting) while others concentrated on helping others. Overall, participants appeared to identify and rely on natural strengths that they already knew about prior to the death of their loved one. This suggests that practitioners may help clients help themselves by encouraging them to reflect on assets they have utilized in the past to get through other life stressors. Alternatively, some of the participants identified newer coping mechanisms that were meaningful to them such as Lalo, who was more prone to spending time with his family of origin or Janie, who indicated that reflecting on her son's life had been helpful. This implies that homicide survivors may retain resources that allow them to seek dynamic and new ways of coping with their loss as well.

Perhaps the most alarming information was shared by Annette and Clark, who indicated that they were unable to identify any coping mechanisms that had been helpful. Throughout the interview process, these two participants subjectively appeared to be among the most distressed and angry participants. Annette shared that she had been married and divorced on several occasions (all prior to the homicide) and stated that she blamed her son for her daughter's death, isolating her from her only living child.

Annette also reported that her family of origin had been largely unsupportive after the murder of her daughter. Throughout the interview, Annette appeared to speak about herself as a victim more often than other participants, frequently asking me why this had happened to *her*.

Alternatively, Clark described himself as the caretaker of his alcoholic wife since their son's death. Clark described the stark differences in his marriage since their son's murder and how there was little that they looked forward to anymore. He also described himself as retired and reportedly did not have a lot to do during the day when his wife was at work. Although Clark was still married and had a son that was reportedly supportive, he felt tired and angry during the interview as if his anger had crushed any resilience that he may have previously had. These anecdotal reports suggest that a supportive family may be helpful to one's ability to discover and utilize meaningful coping tools. It may further suggest that failure to identify hope and/or a meaningful future may impede one's willingness to seek out coping mechanisms.

Research Question 7

Did you seek counseling at some point after your loss, and if so, what was your experience like?

Of the twelve participants interviewed, four indicated that they had sought counseling at some time after their loss. Of the four who sought counseling, one participant was not contacted after repeatedly contacting the counselor and subsequently did not seek counseling thereafter:

Zoe: Yes, I did seek counseling. Umm – and – the counselor didn't call me back. I called three times....I [initially] met her at a [PoMC] meeting. She was very interested, she said she would call me – and set up an appointment. I never heard from her. (K, 202)

Of the three remaining participants who met with a therapist, all of them recalled neutral to unfavorable experiences. Ginger shared her experience, which was the most auspicious of the group:

Ginger: It was – I mean I felt – I liked the fact that someone was, you know, acknowledging what had happened and I was allowed and able to talk about it. Umm, maybe it was just the counselor herself. I didn't feel a real connection or anything to [them]... So I mean I was glad I was able to confront and talk about it, but I don't know if it's helped or not. (K, 203)

Alternatively, Pola and Walker shared their experiences, who were not as congenial:

Pola: ...I went to see two persons. [I]t didn't hurt me, nor did it help me. Above all else it was painful. Above all else it was painful with both of them. Above all else it was painful and I didn't feel that it was very helpful, to be frank about it I felt that it was a waste of my time. (K, 203)

Walker: Pathetic....I went to a therapist at work, some kind of support group, you know, if you have any problems [that is] paid for by the company. So I went to there, I went to one of the group therapy meetings. There were people there with a girl breaking up with her boyfriend, and another one having little financial problems and it just seemed so out of place. You know, and then I would talk to the counselor, tell them my story and everything, and they'd just sit there and they'd just shake their head, *nothing* to offer. You know, give me some *tools* to work with, I mean, what am I doing wrong? Is it...am I just going crazy or what? I knew I couldn't get anything from them. [So I continued] 'till the point where they say, well we think you need-we'll take you to a hospital, put you on some medication. I don't need *medication*....Okay then they gave me some Prozac and all that did was give me constipation. [*Laughs*]. I said well there's bound to be help because I'm really screwed up....I need somebody to give me some fucking clue. I was just...at the point of being really neurotic. I would *cry* every day. (K, 203)

The three participants appeared to have one thing in common: they all went to counseling a couple of times and stopped going for some reason. Ginger stated that she ended up leaving after approximately four sessions (she could not recall specifically after 16 years) because her parents had indicated that therapy had been expensive and asked her if she was getting anything out of the experience. Pola stated that she had been to a total of three sessions with two counselors and did not feel connected to either of them. Walker appeared to seek help through his work Employee Assistance Program and was placed in a group with a hodge-podge of concerns that he did not identify with (e.g. relationship and monetary concerns).

As a practicing clinician, my heart dropped when I heard their stories. Therapists know that, by and large, people tend to avoid counseling until they have exhausted all others alternatives, such as talking to one's friends and family. For the four participants who did seek counseling, it sounds like their therapists failed to meet their client's expectations.

When queried what the most helpful aspect of counseling was, Ginger indicated that it was helpful to share her experiences with someone else:

Ginger: The most helpful part of it was having a lot of time to acknowledge and talk about what had happened. (K, 203)

Not unexpectedly, neither Pola nor Walker reflected on any positive attributes in their interaction with mental health providers, although Walker appeared to reflect on his experience with some level of humor:

Walker: I'll get back to you on that [laughing]. (K, 204)

When asked what parts of therapy had not met his needs or expectations, Walker reflected on his feeling that he needed to care for the therapist:

Walker: I think when I left, the counselor felt worse than I did because I'd tell the story...and...you could tell it really affected *them*. (K, 204)

As we begin to reflect on Pola's difficulty with the therapeutic process, it becomes evident that her concerns may be rooted in her culture and the conceptual difficulty that she had in speaking openly to those who were not part of her family:

Pola: I went to see the psychologist, this took place a few days after they murdered my son and I talked about that. I told them that they murdered my son and that I didn't understand why and then I would cry and cry and then I would feel stupid because here I was sitting before a person who didn't know, who didn't understand, who can't comprehend [what I had been through]. Who's history it isn't? It's my story, so then I informed the psychologist, I told him, "Excuse me for what I am about to say but I feel rather stupid being here, that's how I feel". He then told me that he was glad that I was able to express myself rather than just not showing up, so that way he could try to understand what I was thinking and because the communication would increase. But, yes I did tell him, "I feel stupid and that I don't understand why I come here to cry when you aren't even my family." So this was good conversation because I then felt understood but I still can't say that he helped me. (K, 204)

In essence, Pola appears to suggest that at some point during the therapeutic process, she realized the personal level of disclosure that she was sharing with her therapist exceeded that which she shared with those outside of her family. This realization appeared to be processed within the therapist-client relationship but was not ultimately addressed to the satisfaction of the client as to why she should continue therapy. We know from previous research (e.g. Paniagua, 1998) that non-white ethnicities are less likely to seek therapy for a variety of reasons. In Pola's case, it becomes clear that her family had been her primary support system throughout her life and regardless of the family's willingness or ability to support Pola after the murder of

her son, her native predisposition is an overwhelming factor in how she could perceive sharing extremely personal information with a relative stranger.

Summary of Results of Research Question 7

Participants in the study largely tended to avoid counseling. Those who did seek counseling did not report positive experiences. The most optimistic, Ginger, reported that she was neither helped nor harmed by counseling but did state that she found it was helpful to talk with someone about her loss. The other two participants reported difficulties with counseling including poor rapport, their therapist not creating reasonable expectations in therapy, not being in tune with the client's needs or desires, and interventions that were based on convenience versus the needs of the client. Further, one participant appeared to feel the need to curtail his statements so that he would not further burden the therapist, based on verbal or nonverbal feedback from the counselor. Cultural perspectives on the acceptability of counseling and who and how one relays interpersonal difficulties appeared to play a role as well.

Research Question 8

Did you seek peer group assistance at some point after the death of your loved one, and if so, what was your experience like?

Armour (2002b) and Redmond (1989) have both commented on the efficacy of peer group support with homicide survivors. Both cited the sense of inclusiveness and freedom to be oneself as being therapeutic. One of the participant's in Armour's study stated, "You don't even need to talk to these people [support group members]. You know they know (p. 376)." Because participants were recruited through the peer-group

Parents of Murdered Children (PoMC), it may come as no surprise that virtually all of the participants were involved in some way with this group. Of the twelve participants in the study, eleven were active in PoMC with Laurie being the sole person who was not engaged with the group.

Compared to counseling experiences reported by participants, subjective experiences within PoMC appeared to be significantly higher. The following represent some of the positive experiences reported by group members:

1. Feeling Safe.

- a. Feeling Understood.

Pola: To share, to share with the other people, with those who are also victims of this crime. (L, 205)

Janie: Like I said, for *me* it has been helpful. My daughter enjoys it also – the fact that people have the same, you know, they're going through things that you're going through. (L, 205)

- b. Can Speak Openly Without Fear of Burdening Others.

Annette: Knowing that I can go to anybody there in that group – and if I need somebody to talk to they're there to listen. You know – I'll go—I haven't – done that because I don't wanna *burden* anybody...but knowing that they're there—they're there for you at any time you wanna talk or cry or rant and rave they're there and they've expressed that to me many of times. (L, 206)

- c. Supportive Environment.

Ginger: Every time I go, you know, it's easier...I can talk with a lot of these people now, you know like I have known them forever. Say just about anything, and I feel much more...a lot more comfortable [than when I initially joined]. (L, 206)

d. Made Friends.

Zoe: I picked up a lot of new friends through Parents of Murdered Children. They always say it's – a terrible way to meet someone. But I picked up a buncha new relationships that way. (L, 206)

2. Becoming an Advocate for Change in the Legislation.

Walker: [It got me involved in the legislative process] The judicial system, I guess working with people in the legislature make some changes. I've gone to Austin for some legislative agendas and I've seen some of...the ideas that [I] planted actually take hold. And they're now a part of the system. And that's rewarding. (L, 206)

3. Helping Others Distracts Me.

Anne: Being able to help other people...I tell people [to] call me. Well [sometimes they have reservations and] don't wanna call me, but I [tell them] you know I might need that phone call just as well as you need me to make that phone call...that's helped me more than anything. (L, 206)

4. Helping Others Helped Me.

Sera: It feels good when you actually help somebody and tell them something that they didn't know or help them to the next person that they need to talk to. (L, 207)

Lalo: They care about each other and they genuinely feel each other's loss...You are with friends right here, and it's just good. And they look out for each other. You will have a poor mother come and, "I had to sell my car for my son's funeral. He was murdered..." [and others will step in and say], "Well do you know about this law and we have these forms right here, we'll help you fill them out. "Do you have the receipt from the funeral home? They reimburse for everything." (L, 207)

5. Educational/Networking.

Anne: It's been great. It's been a good experience. I went to my first POMC conference in 1999. And I come back such a total different person that my family told me, "You'll never miss another one mom." Because I went to workshops there that showed me that, hey, I'm not crazy. Because I thought for awhile that I was literally going crazy. All these stupid things that I thought that I was experiencing by myself. Hey, there's thousands of people that experience the same thing. So you're not crazy. I found out how to deal with my anger,

which I thought I was never an angry person. Ooh did I find out I was angry! I learned how to deal with it. I learned how to deal with my husband...at my first conference. Every conference I go to I learn something different. (L, 207)

Of the eleven participants that were active within PoMC, ten felt that the peer group had been beneficial for them. Although they cited numerous reasons why they appreciated PoMC, the one thing that they all agreed about was that the group was a unique place where they could be themselves and talk openly about the difficulties that they were experiencing. Although I do not recall anyone using this specific description, most of the participants appeared to reflect on the group as a sanctuary, a place where they could lift the veil they wore when interacting with the rest of the world. They talked about how they felt understood, could talk to one another openly, and make friends. It is interesting to note that quite a few of the participants spoke about making friends through PoMC while simultaneously acknowledging, as Zoe did, that it was “a terrible way to meet someone.” This appeared to be a reflection on the fact that in order to meet and make friends with someone through the group, both parties had to have lost a loved one through murder.

Others spoke about how they had been active in helping other members, especially newer members, with emotional, legal, and/or physical (e.g. corporally being with someone or holding a hand) support. This element seemed to be very important to some members who appeared to take a more active interest in the group, despite the fact that the group does not have leadership in a traditional manner (i.e. having a president or presiding leader that oversees organizational matters). Although I did not ask participants to expand on why this was important to them, I got the impression that there

was a Big Brother/Big Sister sense of responsibility; there had been a time when they had needed the help of someone who had gone through a similar experience and, in turn, they now felt responsible to help others as they become part of an unwelcome family.

Anne appeared to be one of the more active members in the group and spoke with pride about how she frequently went with other group members to court dates and was there for important anniversaries. She spoke about the duality of helping others while simultaneously distracting herself from the emotional turmoil that she experienced. As mental health professionals may attest, it is frequently easier to help others when one has the personal space to see the world in a way that is different from the person who is experiencing it. Part of that clinical responsibility includes letting go of one's own interpersonal struggles so that they may focus their energy to help their client. Although Anne did not have the experience of a clinician to draw upon, she appeared to grasp this fundamental principle even though she utilized it for the purpose of distracting herself.

Walker was the only participant that spoke about how he had taken his involvement in the peer group to a different level and had been involved in local and state-wide politics to change laws that were victim-friendly. He was particularly proud of a new law that he had spearheaded which gave all victims families (not just homicide survivors) a recent photo of persons being paroled. As Walker discussed the importance of the legislation he indicated that years, even decades, can go by between the time that the parolee and the victim and/or victim's family had interacted with one another. For those concerned about possible retribution after the perpetrator was released on parole,

this law would at least give the families an opportunity to know what that person currently looked like. The way that Walker spoke about his investment in the legislative process appeared to convey his personal sense of loss and subsequent desire to help as many other people as was possible.

Of all of the participants, only Clark expressed some reservation about belonging to the group:

Clark: ...and I don't know that Parents of Murdered Children has really helped me. You know, I get over there and I associate with the people, and I see them. I feel empathy for some of them. You know I wish I could say something that would help them sometimes. But, what, what verbiage can you use to help somebody who is in a situation like I'm in?.... I guess I am looking for something. I am looking for an out, and I don't know maybe this will help me, this between you and I, maybe it will help. (L, 208)

Although Clark expressed some level of ambiguity about whether the group had been beneficial for him, he appeared to express hope that the group *could* be helpful. As stated previously, Clark was perhaps the most traditionally masculine participant that was interviewed. I sensed from the way that he spoke and the clear delineation that he utilized to organize household responsibilities that the idea of asking for help from others may have been fundamentally difficult for him. Although he spoke of his wife's mood swings and alcoholism, he was more prone to both share as well as show anger during our interview. This is a reaction that appears to be consistent with traditional masculine values and expectations of oneself. I felt that the fact that he had sought help from the peer group was most likely a leap of faith for him but a step that may have been more acceptable than seeking an individual counselor. I cannot help but wonder if

Clark's ambiguity about the group was a true reflection of what he had received from the group or his own misgivings about seeking help from anyone at all.

Despite the relatively high opinions that virtually all of the participants had about PoMC, when asked, they were able to identify a number of things that made belonging to the group difficult. Annette may have neatly summed up the way a number of people felt:

Annette: The only difficult thing is – having to belong there. (L, 208)

Commenting on the requirements of belonging to the group (i.e. that a family member had to be murdered) was a common statement, although few said it as succinctly as Annette did. This appeared to be a bone of contention for group members as a whole, that someone had chosen to take the life of their loved one for a reason that they could not understand. Some participants described the process as belonging to a “club” that they didn't want to join.

A number of participants talked about how difficult it was to hear others stories regardless of how long they had been affiliated with the group:

Lalo: Hearing about everybody else's loss. You know you have heard people talk about it and I don't know if it's because you are reflecting on your own experiences or it's just something... that triggers our pain in our own bodies when you hear it. Something triggers it. And your heart knots up and you just get overwhelmed. It's... it can be pretty painful. (L, 208)

Zoe shared that she had recently gone through a trial in another state relating to the murder of her son and did not feel that she had been as well supported within the group as others had that had losses that were geographically closer.

Zoe: I told you when that happened [ed. – she made these comments off tape and did not want them specified]. It was just like...I had a big slap in the face. I had done a lot of work for PoMC, and they weren't there emotionally for me. (L, 209)

Finally, Clark spoke about the frustration he experienced when others attempted to convey their understanding of his loss, when in his opinion, his loss was unique and no one *could* understand his grief.

Clark: And I talked to people that says, "I know how you feel..." But nobody knows how you feel, because everybody feels differently. I have... when I first started going to Parents of Murdered Children meetings, this one Mexican lady came up to me and she was talking to me. And she said, "It's going to be alright." And I said, "It's not going to be alright." She says, "Oh yeah it will." And I said, "Hell no! It is never going to be alright. It will never be alright." And she walked away, and she still goes to the meetings, and I don't think she has spoken to me since. (L, 209)

It should be noted that despite the reservations that some participants stated, many expressed a general level of discomfort, on and off tape, discussing anything that was not positive about PoMC. The sense of loyalty to the group was evident and I quickly noted to myself to be careful in the ways that I asked about the more difficult interactions within the group. This sense of group oneness felt similar to the way that many people feel about their families: we may have obstacles, but they are *our* obstacles and we will protect against anyone who would judge those obstacles harshly.

Summary of Results for Research Question 8

Almost all participants reported beneficial aspect of belonging to a self-help group. Benefits cited included feeling safe and unguarded with other group members, how helping other group members has either helped or at least distracted them from their own loss, and how the group facilitated an educational and/or growth environment. One participant reported uncertain whether the group was beneficial due to feeling that he

was uncertain how others could meaningfully help with a fundamentally personal loss. Reported difficulties of belonging to self-help groups varied from having to belong to the group (i.e. the murder of a loved one created an environment where one might naturally seek the comfort of others who had experienced similar losses), having to hear the experiences and reactions of other group members, lack of consistent help to group members, and resentment that other group members assumed they understood how one's own loss was internalized. Despite these reported shortcomings of the group, the pervasive energy about self-help group was generally positive.

Discovered Theme 1

Talking about Homicide did not Subjectively Feel like a Stressor

One of the goals of my research project was to interview all of the participants first and then establish time for an elective group debriefing, where they could talk about similar topics as they had in the interview, discuss how their perception of their loss had changed (if any), and how they reflected on the interview process itself. It was this latter question that I was personally most invested in because of the suggestion by others that querying those who had previously experienced a traumatic loss via homicide may be re-victimized by the interview process (e.g. Spungeon, 1998; Staudacher, 1987).

A total of nine of the fourteen participants initially interviewed chose to attend the debriefing. Of the nine, two of the participants later chose to recuse themselves from the study. Interestingly, Participant A was a frequent contributor in the debriefing, possibly contributing more than any other single group member. However, because she chose to leave the study and due to confidentiality requirements, her comments have

been struck from the transcript. The remaining group members that participated in the group included Anne, Janie, Jennifer, Pola, Sera, Walker, and Zoe.

Participants who chose to be a part of the group globally indicated that they had positive experiences throughout the interview process. Walker reflected a common feeling that resonated with a number of the other group members:

Walker: The more others know about my wife, the more alive she is...talking about her makes her more real. (M, 210)

Similarly, Zoe shared that she felt more at peace since our interview. She indicated that throughout the interview process it had helped her work through some of the interpersonal challenges that she had experienced with her son prior to his death, even though that was not part of the interview. She indicated that she had recently had a dream that focused on their more peaceful relationship that she attributed to being a part of the research project.

Zoe: I thought it was helpful because I had a dream with my son at a lake and we didn't argue or nothin', it was just peaceful sitting with him there. (M, 210)

Zoe's discussion about her son lead a number of other participants to relate that they felt that it felt better to discuss their feelings with others, rather than keep those feelings bottled inside. The group as a whole collectively and unanimously agreed that discussing their loss during the interview was beneficial because they were able to talk about the murder of their loved one in its entirety, without any concern about how others may hear or interpret what they said. Factors that the group as a whole indicated were helpful included audio recording the interview, being able to take breaks as often as they

needed to, the patience of the interviewer, and being able to be interviewed where they were most comfortable.

Anne and Walker also indicated that knowing I was a homicide survivor as well was helpful because they felt that I had some insight into their experiences. When I asked the group as a whole if they felt that there was a way that someone who had not experienced a homicide could convey the same level of knowledge and compassion, the group indicated that they did not believe so.

When encouraged to reflect on ways that I either did not meet their expectations or how I may have made them feel even more comfortable, the attending participants declined to make any suggestions. When I encouraged them to be honest with me so that I could better help future researchers, Sera made a statement that everyone agreed and laughed at simultaneously:

Sera: Don't you know us well enough to know that we woulda told ya if you made us feel uncomfortable? (M, 210)

When I initially contacted the five participants who opted not to come to the debriefing I did not sense any animosity. Several participants cited family obligations and/or schedule conflicts while one indicated a general discomfort with the group format. On reflection, I wish that I had considered sending anonymous questionnaires to everyone at the time, especially those who chose not to attend the group debriefing.

Summary of Findings

Anger

*I am angry at life,
Angry at myself,
Angry at others,
Angry at God*

*I am angry because I will never see his face,
Never hear his voice,
Never feel his touch,
Never hear his laughter*

*I am angry because parents are not suppose to bury their children,
Angry because he never had a chance to live out his dreams,
Angry because life has changed,
Angry because life goes on*

*I am angry because the earth keeps spinning,
Angry because the laughter goes on,
Angry because he is gone,
Angry because everything in me is changed and nothing else has*

*- "Janie"
Dedicated to my son's memory
June 13, 2006*

When Janie returned her edited transcript to me, in addition to attaching a number of poems she also added a note to the bottom of it stating:

My son is not just a number on some study or scale in some forgotten book. My son was a person of flesh and blood and he will be truly missed for the rest of my life. When he was taken he took a piece of my heart.

I feel that Janie addressed a poignant and important aspect of the research that I hope has not been lost or forgotten throughout this text: every participant in this study has lost an important person in her or his lives in a sudden, violent, and needless way. Although the research was designed to study and understand the population in a novel

way, I hope that the underlying context of their loss has also been appropriately conveyed.

The first four research questions were globally designed to help both practitioners and researchers to wrap their mind around the kinds of relationships that participants reported prior to the homicide, what they experienced at notification, and how they reacted to the loss in the short- and long-term. If one steps back and looks at the results from a distance, participants in the study described the dynamic, personal, and largely unpredictable ways that they absorb and internalize their loss. If a pattern to the data exists, it appears to be that there is no one way that practitioners or researchers can expect those who have had a loved one murdered to present.

Participants who reported more support from friends and family appeared to present with more organized and thoughtful recollections of their loss than those who felt isolated from family and/or friends. Despite the support that participants reported, they overwhelmingly cited more negative interactions with their support system than positive. Participants appeared to best cope with their loss when they were able to utilize similar coping mechanisms as they had utilized in the past. Those who appeared to cope less successfully seemed to feel that their loss was so pervasive that it overwhelmed their ability to absorb it into their gestalt.

Participants largely had not sought personal counseling, and those that had did not report a positive outcome. The warmest statement about counseling indicated that they felt it was helpful to talk to someone about their loss but did not feel that counseling had appreciably helped nor hurt them. The participant who reported the most negative

experience with counseling reported that his interaction with mental health professionals had largely been at the convenience of the provider versus the needs of the client. There was also some evidence that Hispanic women may not see the value in counseling as family and friends are the traditional ways in which they report interpersonal difficulties and receive guidance.

Participants largely stated that self-help groups were helpful in terms of interacting with others who had experienced similar life experiences and the ability to turn to each other during pressing times. Although there were some complaints about the self-help group they belonged to, these concerns seemed to largely be eclipsed by the perceived advantages of the group.

CHAPTER V

DISCUSSION AND CONCLUSIONS

The purpose of this chapter is to summarize and interpret the findings of Chapter IV and place them in context of the initial research question, “What are the experiences of this population and how do we effectively interact, support, and help them as mental health professionals?”

The power of qualitative research is its ability to give voice to a population that may not have been heard from often – or at all. It allows the diversity of both voice and opinion that may or may not be considered “outliers” in quantitative research, and thus ignored. As this research project developed, I hope that the diversity of data collected has created dimension of not just facts but opinion and feelings. Opinion and feelings are not often discussed because they are anecdotal but these traits are very real nonetheless, whether we choose to acknowledge them or not. I have worked exhaustively to help the participants in this study tell their story to people who may not have heard them otherwise. I am optimistic that the conclusions that I have come to are a result of a building wave that has begun to crest as it approaches the shore.

This project has been an exploratory study designed to gauge their subjective experiences, reactions, and coping mechanisms. Throughout this chapter, my hope is to create a clearer tapestry of the data collected in such a way that it clearly denotes not only the thought processes of some homicide survivors but how that information might be used in novel ways to connect and help people in the future.

Projected Temporal Orientation

One of the phenomena that was witnessed throughout the interviews was how participants, typically but not always parents, lamented how their murdered loved one's future had been taken from them. Sera may have best captured this loss:

Sera: ... I just wanted him to get a job. We didn't argue over it or anything. I would just say, "What is your plan's for tomorrow?.... He was a work in progress. There is no telling what he could have been later on. He had the compassion, the feelings."

If you can imagine a graph that goes from the beginning to the end of one's natural life, the sense I got from Sera was that the graph line had been cut short of its intended path. From Sera's point of view, her son was a 17-year-old young man who had interactions with law enforcement, a child, and no job. Her son had gotten off to a bumpy start but from her perspective he had the desire, willpower, and ability to take responsibility and become the man that she envisioned. In short, it seemed that Sera, like many parents, saw the potential that her son could achieve during his life while he was still alive. After her son was murdered, his potential future was cut abruptly short and she was left feeling that her son *could* have accomplished more than he had in his life but this alternative future could never be achieved.

This phenomena has some parallels to *temporal orientation*, which is defined as the way that one perceives oneself in relationship to time (Holman & Silver, 1998). For instance, if a person tends to reflect and ruminate more on past events, they are considered to have a past temporal orientation. MacLeod (2000) reported that trauma victims are more at risk of becoming "stuck" in the past, citing the preoccupation of the trauma clouding the interpretation of past, present, and future events. Holman and Silver

(1998) suggested that a future-oriented temporal perspective has been widely considered to be the most healthiest orientation (e.g. Braley & Freed, 1971; Klineberg, 1967; Landau, 1976; Rappaport, Enrich, & Wilson, 1985; Rychlak, 1973).

The obvious difference between Sera's reflection and temporal orientation as it has traditionally been discussed is that Sera was not reflecting on her own past, present, or future but that of her son. There appeared to be a sense of loss revolving the kind of man that her son could have become, somewhat like rumination over the proverbial road not taken. I would submit that this kind of mourning should be labeled Projected Temporal Orientation and is likely to occur when a person abruptly loses a loved one who is perceived to have had a future that was cut short. The word "projected" is utilized to describe that the temporal orientation that is being ruminated about is someone other than oneself.

I would further propose that Projected Temporal Orientation is complicated by its dual-past and -future orientation, but is never rooted in the present. The duality comes from the push-pull of being drawn to reminisce the loved one that existed at the time of their death and then imagining the person that they could have become if they had not been murdered; the future that will never occur.

As for the homicide survivor, I would suggest the amount of time spent reminiscing/fantasizing about their loved one will directly relate to the relative health in the activity in a negative relationship. At one end of the continuum is someone who reflects on their loved one occasionally and wonders what might have been. On the other

end of the continuum exists an obsessive quality of near-continuous fantasy at the expense of one's own temporal orientation as well as their physical and mental health.

Notification of Homicide & Communication with Survivors

Throughout the study, participants described the struggle they had in incorporating the notification of their loved one's murder into their gestalt. This was due in part to the content and in part to the way that this information was conveyed. Simultaneously, many expressed frustration while interacting with their others, including their support network, frequently describing how others overtly (e.g. blaming) and/or inadvertently (e.g. social isolation) harmed them. Both of these facets describe a general difficulty in communicating and interacting with homicide survivors in a way that is both genuine and authentic.

It is not easy to express the horror and overwhelming affect one feels when they are notified of the murder of their loved one (Asaro, 2001a, Redmond, 1996; Staudacher, 1987). There is no gentle way to ease into the conversation or prepare the person for the news they are about to receive. It appears clear that homicide notification is a life-altering moment in time that will be remembered with vivid clarity for years to come.

Although it is unreasonable to avoid the process of notification, perhaps there are more productive ways of notifying the nuclear family of those who have been murdered. Spungeon (1998) collected extensive information and reported her recommendations, based on models developed by Mothers Against Drunk Driving (MADD) and the National Organization for Victim Assistance (NOVA) in the book *Homicide: The Hidden Victims*. Among her suggestions is the need for notification to be done in pairs (one

person to inform and the other to watch the behaviors of the homicide survivor), the need to utilize compassion, speak clearly about the murder, avoid euphemisms (e.g. expired, lost, passed away, didn't make it, etc.), leave no room for possible misinterpretation, and inform the family what process will happen next (e.g. autopsy, police investigation, interacting within the justice system, etc.).

Although the homicide notification process is not always conducted by the police, when they are the harbinger, the notification process is a unique time when law enforcement and/or Victim Service Coordinators (VSC) have the power and perhaps the responsibility to interact with homicide survivors as an advocate (VSC's are employed by some police departments, typically in larger municipalities, who interface and act as advocates for victims of various crimes). Although the homicide survivor may be overwhelmed by the information that they have just absorbed, advocates can introduce themselves and offer a name and phone number that can be contacted if and when they have any questions. Printed information could be distributed about the difference between what the investigation and legal system are responsible for and additional contact information can be made available. Resources on how to reach out to friends and family could be valuable as well. Further, data could be supplied on how to interact with the media and how to identify unconstructive support (e.g. blaming the homicide survivor, etc.).

Within the first week, it may be helpful for a person separate from the legal investigation to reach out to the homicide survivor (perhaps a VSC or even another homicide survivor) and check-in. This may serve to identify any immediate health

anomalies (e.g. cardiac, asthma, etc.) or mental health difficulties (e.g. anxiety, depression, changes in appetite, etc.). Information about local mental health providers and peer groups could be made available when the survivor is ready. This may also be a time when the homicide survivor has had enough time to reflect on how their life circumstances have changed and may be ready to ask questions. At the very least, this level of contact may convey that the survivor is not alone and that they have advocates who wish to help.

It is unfortunate that the research and clinical insight afforded by the data collected in this study may not be as pragmatically helpful as there is little that we can do to influence how others internalize information such as a homicide. By the time that a therapist or researcher has interacted with the homicide survivor, the client/participant will have already been subject to how their support system has reacted to their personal loss. Having prepared information available to give to new homicide survivors may help in this endeavor, allowing survivors to absorb information when they are ready. Further, if they are thrust into a situation they are unprepared for they may be able to turn to the literature to help themselves at a critical moment.

I propose that a model of advocacy, similar in structure to the one utilized by PFLAG, could be organized and utilized by advocates of homicide survivors. PFLAG is a queer-advocacy organization that is a resource for family and friends of persons who identify as lesbian, gay, bisexual, or transgender. It was developed by families and friends of those who identify as queer to help others who want to support their family

members and comrades in the coming out process. Additionally, they support dignity and equality of all relationships.

An organization utilizing this model could distribute information to the homicide survivor as well as making the information available for those who wanted to assist the survivor via brick and mortar locations (e.g. police stations) as well as the internet. Some of the data that could be espoused may include things homicide survivors and their advocates should be made aware of (e.g. that pervasive changes in sleep and appetite, increased anxiety or depression, suicidal thoughts, etc. are normal reactions but may need to be addressed by a physician if the problems persist), the best way to provide support (e.g. listening, keeping lines of communication open, remembering loss, and conveying that they are not alone), and things to avoid (e.g. social isolation, lack of open communication, creating taboo topics, or making pithy comments). This could take existing local groups and help them build and share their successes and growth edges with other groups around the nation and internationally.

Presentation of Homicide Survivors

In terms of understanding and interacting with homicide survivors, it appears that there is no one archetypal presentation. Participants reported that they felt rage, a desire for revenge, suicidal ideation, distrust, crying, shock, depression, disbelief, feeling alone, and a general feeling that the world had changed after they were notified of their loved one's murder. This diversity in presentation may confuse many researchers and mental health care providers. Some homicide survivors may present without any overt signs of distress after notification while others may feel stuck and overwhelmed by their

experiences. This may suggest that it is important for practitioners *not* try and pigeonhole homicide survivors into manualized or rote treatment.

For researchers, this presentation may suggest a more open-ended approach when interacting with homicide survivors. For instance, it may be beneficial to cast a wider net when utilizing assessment testing so that the complex nature of homicide survivors are captured. It may be important to briefly interview participants to see whether they felt that the assessments that they completed felt appropriate and comprehensive. This would also be a time when investigators could ask whether participants had experiences that were not captured in the assessments and note them in areas where future research and assessments could be improved.

For practitioners, it may be necessary to conduct a more comprehensive history and familial record before therapy can begin to take on a meaningful context. Once a thorough history has been conducted, therapists may want to reflect their understanding of the survivor's experiences and share how they perceive that they could be helpful. This would give the client an opportunity to speak up and correct any misunderstood or missing information. Simultaneously, it gives the client more power in the relationship, perhaps during a period in their lives when this power may have been largely absent. Mental health providers may also wish to wait for longer periods than normal before creating a formal diagnosis so as to fully encapsulate the totality of the reported presenting concerns.

Authenticity Valued

If there was one quality that appeared to be valued more than others throughout the data collection process it was authenticity. When participants discussed the supportive and unsupportive interactions and statements that they had with others, those who made supportive statements appeared to speak directly to the homicide survivor and express genuine thoughts, feelings, and sentiments. Alternatively, unsupportive statements typically resulted when their loss was minimized in some way, the victim and/or the survivor was blamed, the mourning process was devalued in some way (including the length of time utilized to mourn), or when others made trite statements (e.g. “it was God’s will,” etc.).

This philosophy closely mirrors how a therapist may engage a client utilizing interpersonal theory. The theory, as advocated by Teyber (2000), suggests that therapists can and should engage client’s in novel ways that result in a corrective emotional experience. The novelty of the intervention is conducted by engaging the client in ways that are completely foreign to them in the here and now (e.g. speaking authentically in the moment versus reflecting on something stated at some point in the past). For instance, if a client has a habit of putting themselves down when interacting with others, common reactions by peers may be to laugh, make more jokes at the client’s expense, or repudiate the joke itself. A novel and authentic way of interacting with the client may be to address the perceived underlying process that lead to the initial statement (e.g. “As I’m sitting here I’m feeling that the part of you that made that statement was hurting. Is that accurate?”) or simply address the statement itself (e.g.

“Do people typically laugh when you make statements like that?”). The purpose of the authentic statement is to engage the client in a way that their peers typically do not.

It may be unrealistic to expect the lay public to engage their families and friends in the same manner, they have the ability to share their thoughts (e.g. “I cannot imagine what you are going through”), feelings (e.g. “I’m worried about you”), and willingness to be available when their friend or family member is ready to talk. Based on the anecdotal evidence of the study, this level of engagement may be received better by this population.

Advantages of Peer Groups

One of the greatest assets that was identified in this research project was the perceived advantage of peer groups, such as Parents of Murdered Children. Group members reported a supportive environment where they felt understood, made friends, became involved in projects related to their loss, helped and received help from others, receive education, and could speak openly about a subject that made many uncomfortable. It should be noted again that almost all of the participants were recruited from a peer support group, it does not diminish that peer groups *can* be helpful to *some* in this population.

At this time, there does not appear to be any efficacy studies conducted with trauma support groups, let alone homicide survivors. Soloman (2004) did comment on the efficacy of peer support groups with a “mental health condition” which did not appear to reflect on participants who had experienced trauma. Soloman reported that peer groups helped members manage and recover from a number of difficulties. Group

members were also found to be more proactive in terms of their self-care, leading to improved quality of life. It is possible that self-help groups for homicide survivors may be equally beneficial, although further research should be conducted in order to make more definitive anecdotal or empirical statements.

It may be noteworthy that many medium-to-large cities (500,000+) in the United States have a chapter of PoMC and several cities have multiple chapters. This does not include other groups such as Compassionate Friends or a multitude of other national and local groups. Although a peer group environment may not be helpful for every homicide survivor, there is enough anecdotal evidence to suggest that survivors may want to experience what a peer group has to offer to ascertain whether or not they may benefit from further interaction with the group.

Treatment Implications

After speaking with the participants in this study, coupled with interacting with other group members at the Parents of Murdered Children (PoMC) meetings, it became quite clear that the first treatment implication for this population is that they have come to believe that individual therapy *could* be beneficial. There appears to be a sense of distrust, misinformation, unrealistic expectations, and generally poor experiences with therapy and therapists in general that permeates the mindset with many of the people that I interacted and interviewed with. It may not matter whether these opinions are in fact accurate if new members to the group are indoctrinated into believing that individual therapy may not be beneficial.

Perceived Mental Health Failures with Participants

One of the responsibilities of a therapist during the first session is to identify the client's concern(s), how they would like to be different, and establish reasonable expectations of what counseling can and, when necessary, cannot accomplish. As we reflect back to Pola's reported difficulties with counseling, she saw two therapists over the course of three sessions. Over the course of this time she reported that therapy was a "painful" experience that was a "waste of my time." From my perspective, this may be attributed to neither of Pola's therapists establishing realistic expectations about how she may perceive counseling. More specifically, it is not uncommon for clients to feel poorly after the first several sessions before any meaningful change can be perceived (this is typically due to an emphasis on what drew the client to seek therapy and before new interventions are introduced and fine-tuned). This perception can be addressed in the initial session by informing the client that that kind of experience is common. The therapist can further check-in with the client after the first session to see what the experience was like and follow-up with the client at the beginning of the second session to address any thoughts or feelings that may have presented themselves after the initial session. Another good practice is to ascertain how the therapist would know if the client was not feeling that their needs were being met in therapy. If any of these commonplace interventions had been utilized, Pola's experiences may have been different.

As we move to Walker's experiences, I shudder at the way that he was treated professionally. This is a man who, by all reports, lost the most important person in the world to him and instead of identifying a personal therapist or group that was designed

for those struggling with trauma and/or bereavement, he was placed in a general support group where he was not only placed with people with completely dissimilar concerns but was given no guidance from the group leader(s). After reporting on multiple occasions that the group was not being helpful, instead of identifying another therapeutic modality that might be more appropriate, Walker reported that he was encouraged to consider hospitalization or utilize a psychopharmaceutical intervention. Based on Walker's statements, there does not appear to be any evidence that the mental healthcare providers he interacted with ever attempted to ascertain what course of action would be in his best interests. This can be done simply by speaking with the client and mutually agreeing upon the most beneficial course of action.

Interacting and Integrating with Homicide Survivors

During my interactions with the population at Parents of Murdered Children, it was difficult to miss the sense that the group perceived itself to be an outgroup, or social misfit. This is likely due to the negative social interactions that group members experienced individually and as a group. Further, as new group members became involved with the group, they were indoctrinated into the groups collected understanding of non-group members. This naturally led to feelings of caution and suspicion when interacting with non-group members.

One of the ways that this may be addressed by practitioners is by integrating themselves into groups like PoMC. An "us against them" – with "them" being people who have not lost family members to a homicide – mindset appears to permeate many of the group members that I interacted with. The kinds of interactions that I had before and

after each presentation with the group was dramatically different. Although group members were pleasant with me before the meeting, they tended to interact with one another in cliques not altogether different from those experienced in high school, with the sole difference in the cliques being that there was no obvious hierarchy between groups. Perhaps the use of the word “cliques” is unfair; maybe “family” is more appropriate. Group members have shared considerable personal experiences with and within the group which, for many, appears to have created family-like attachments with one another. And like many families, they are protective of their own.

When I initially introduced myself to a group, I stated my name and told the story about my parent’s deaths, my personal struggle, and desire to help others over the course of the first 30 seconds of my presentation. I wanted the group to perceive me immediately as someone who might understand what they had experienced and this approach appeared to have the desired effect. Although therapists who wish to interact and outreach with similar groups may not have the same personal experience to fall back upon, I feel that many homicide survivors are looking for help. If the presenter can interact with the group in a meaningful way, they may be able to forge the alliances required to make more connections with the group.

Therapy 101

For those who are not mental health practitioners there are a number of things that fall on the shoulders of a therapist when a client begins counseling. The first thing, arguably the most *vital* aspect of counseling, is developing a good working alliance, or relationship, with the client. It is ultimately the relationship between the therapist and

the client that allows change to occur. Without a good alliance, the chance of therapy being helpful is remote at best.

After an initial connection has been made and therapy has begun, I feel that it would be advantageous to help the client state their short- and long-term goals. For many therapists, this may sound elementary, but based on the interviews that I conducted, this step appeared to be skipped by many if not all of the therapists. Clients may state goals that are unrealistic (e.g. “I just don’t want to think about my loved one’s murder anymore”) that, with the help of the client, could be restructured in a meaningful way (e.g. “I don’t want to feel responsible for my loved one’s murder anymore” or “I can still love my deceased loved one without constantly fixating on their death”).

Confrontation can be a powerful tool in therapy to cast light on previously unexplored assumptions one makes or as a way of highlighting inconsistencies in a client’s thoughts and/or behaviors. Evidence collected in this study suggests that if the therapist notes inconsistent statements about a homicide survivor’s murdered loved one that it may be best to initially withhold confrontational remarks until a good working relationship has been established. Participants in the study overwhelmingly described positive attributes about their murdered loved ones and appeared to both underreport and diminish perceived shortcomings and altercations that had occurred previously. This may suggest a natural defensiveness and desire to protect the reputation of their deceased loved one, regardless of the kind of relationship they may have had with them previously.

Reviewing the myriad and sometimes contradictory feelings, thought processes, and emotions described, it becomes clear that any attempts at finding a “quick fix” with a homicide survivor (i.e. focusing on a single element of their loss) may not necessarily be in the client’s best interests. Further, if a mental health care provider were to emulate the same ineffective ways of interacting with the homicide survivors as the client had experienced outside of therapy, it may inadvertently convey that mental health provider does not fully fathom the complexity of the client’s loss.

Although listening skills can be an invaluable asset to any therapist who interacts with trauma victims, it may be advantageous to help clients explore their own resilience. A good operational definition of resilience was given by Luthar & Cicchetti (2000) who stated that it is the “dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma....[It] is a two-dimensional construct that implies exposure to adversity and the manifestation of positive adjustment outcomes (p. 858).”

So what role could resilience play when conducting therapy with homicide survivors? As I conducted my interviews, I began to notice that there were some participants who appeared to be better adjusted than others. As time progressed, I began to notice that those who appeared to have healthier perspectives had typically found ways that they could redirect their internal discord. Some reached out to other homicide survivors, others had creative outlets, and yet others prayed. Walker gave but one example of what others described:

Walker: But I do go into prisons and talk to inmates. [I talk about] what happened to me, how it affected me, and how if they can destroy a life, it's not just one life they're destroying, they're destroying *several* – the ripple effect!....The ones that I usually talk to are the ones that are being set up for release....I just gotta make something positive [come out of this experience].

Resilience is typically associated with Positive Psychology, which is a philosophy that has sought to re-examine psychology in terms of how one can embody mental *wellness* instead of mental *illness*. Positive Psychology does not discount the natural difficulties that one may experience but emphasizes how one can seek to identify and best utilize their natural strengths in order to help them adapt. This anecdotal evidence suggests that practitioners may be able to help clients help themselves by encouraging them to reflect on assets they have utilized in the past to get through other life stressors.

Another way that practitioners may best interact with these kinds of clients is being culturally competent. Homicide occurs to non-White cultures at significantly higher rates than Whites (USDoJ, 2008). Thus being aware of a client's cultural factors as well as barriers to therapy may be another way that a therapist can not only help retain clients but also build a healthy working relationship with the client.

There is anecdotal and empirical evidence to support that simply asking the client how they perceive their own level of acculturation may be beneficial (Paniagua, 1998). It may also be helpful to address the cultural differences (if they exist) directly in the session and ask the client how they feel about working with someone from a different ethnicity (if applicable). Additionally, addressing known cultural constructs with the client such as *familismo* (i.e. acknowledging the central importance of family), or

personalismo (i.e. the interpersonal warmth of the relationship that builds with time and may be required in order to bring about meaningful change) within the Hispanic culture may be helpful as well.

As you recall Pola's experiences in therapy, she described difficulty with the therapeutic process in two ways that are indicative of *personalismo*. To begin with, Pola described how hurt she felt after her therapy sessions. As discussed previously, this is a very common response to therapy, but in the cultural context, Pola may have also been asked to convey more personal information than she would have typically expressed to relative strangers. Because the therapist may have been perceived as an expert, Pola might have revealed the requested information even though she may have felt uncomfortable doing so. After she left her respective sessions, she may have left feeling worse off because of the topic being discussed coupled with a sense that her own cultural boundaries were not respected. A therapist familiar with *personalismo* may have spent more time getting to know Pola, thereby giving Pola an opportunity to get to know the therapist and creating a personal as well as professional relationship, before delving into the content that drove Pola to seek therapy.

Another facet that Pola discussed was the confusion that she felt in why she was discussing such personal information with a virtual stranger rather than her family. This appears to be the intersection of *personalismo* and *familismo*. It sounds as if Pola was accustomed to discussing her interpersonal concerns with her family when she experienced life stressors in the past. For reasons that were not privy to, Pola reached out to a therapist after her son's murder, which may have violated her own sense

of *familismo*. Simultaneously, because the therapist did not spend the time to get to know Pola better before delving into therapy, she may have not felt that the therapist knew her well enough in order to help her make the meaningful change that she wanted to make.

Limitations of the Study

This study was designed to be an exploratory examination of a population that had largely been ignored in the literature. Although I have no regrets about the methodology that I have chosen, there are some inherent limitations that should be explored. The first is that the population was self-selected, that is, I spoke to a group of homicide survivors and described who I was, what I was attempting to examine, and invited those who were interested in participating to contact me.

There were several limitations to recruiting participants that exclusively belonged to a self-help group. Because the participants were recruited through a homicide survivor self-help group, the information collected about self-help groups is likely skewed positively. There are likely a number of people who have associated with these kinds of groups and, for one reason or another, have not found the group helpful; this project did not allow these kinds of participants to have a voice in the results. At this point we have no idea what the differences between these groups are or how their collective experiences may differ from those reported in this research. By limiting the participants to those who belonged to a self-help group, it did not address personalities who may not be as comfortable talking about their thoughts, feelings, or experiences.

Although there was two sets of data analysis that was conducted (one by the author and one by the author's research assistants), the author was present during both events. Due in large part to the research assistants' inexperience with data analysis, the author was present and supervised their data analysis. This included cataloguing and organizing the data into groups and subgroups. Because the author was present during both of these events, it is possible that the data was interpreted through a single lens. Further, there was no outside auditor utilized so that alternative theories for described behavior could have been discussed.

When participants were asked about the kind of relationship that they had with their murdered loved on prior to their death, I indicated that there appeared to be a natural defensiveness and desire to describe a relationship that may have been skewed more positively than they actually were. This could have been controlled better by not only interviewing the participant but also friends and family of the participant to better ascertain the kind of relationship that the interviewee and the deceased shared prior to the murder.

Participants either belonged to European-American/White or Mexican-American/Hispanic cultures. Clearly this does not accurately represent the totality of ethnicities affected by homicide, especially since African American males have the highest rate of homicide in the nation. Although attempts were made to include those of all ethnicities who wished to be a part of this research project, future research may wish to emphasize that other cultures and ethnicities are included.

Other limitations of the study include sex, age, education, and faith. Those who chose to participate in the study skewed female, with nine of the twelve participants being female. Further, the age distribution was 31-68 but the mean age was 51 years old, which may more accurately reflect the age of parents who lost children, but may not suggest a comprehensive age range for all persons who experience first-generation homicide loss.

Two-thirds of the interviewed population had a high school diploma or high school-equivalency. The other four participants either had technical school or associate degrees, thus this study may not accurately reflect participants who have a bachelor's degree or higher.

The study also attracted a number of persons with diverse religious and spiritual backgrounds. Further, a number of participants discussed how their faith, belief in God (and/or Higher Power), and prayer had been beneficial. However, there was no concerted effort at the beginning of the study to attract persons of a specific faith (e.g. Protestants, Jews, etc.) so it is difficult to generalize how one's faith may help internalize the loss or how they cope in the short- or long-term.

Finally, the length of time since each participants loss was not consistent (e.g. only interviewing persons who had lost family members in the last year or within the last three years), thus there was a diversity of time within the population since each participant had lost their loved one. This naturally led to some participants who had experienced a loss in the recent past (as short as four months) as well as those who had more time to adjust to the loss (as long as sixteen years).

Areas for Future Research

Racist Undertones

As the interviews progressed, I noticed that a couple of participants had made what could be construed as racist comments. As I reflected on the interviews I began to notice that, of the participants who were aware of the person(s) who murdered their family member, those who identified the perpetrator as belonging to an ethnicity that differed from their own were more inclined to make these kinds of statements. Of the twelve participants interviewed, two identified that their loved one had been murdered by a person of another ethnicity and both made statements that could be construed as racially prejudiced.

One participant who was more likely to evoke angry emotions during the interview spoke extensively about new triggers, or previously neutral stimuli that now elicited alarm, that had developed since the murder of their son. All of the triggers the participant shared were directly related to the murderers' physical appearance. For instance, the participant indicated that when they saw other people covered with tattoos, especially the tribal variety that are inked around the neck area and work their way down an arm, it elicited a new trigger. This participant also identified that the perpetrators had been "Mexican" and they recalled several incidents revolving anger related to persons he attributed to that ethnicity since the murder (e.g. road rage or verbal confrontations).

Although only two participants made what could be construed as racist comments, they were the only two people in the study who indicated that the person who murdered their loved one had been conducted by another ethnicity. I feel that further

exploration of the racist feelings of homicide survivors could be helpful because of the layering effect this could have on the grief process. Death is difficult enough, but when combined with a violent and unexpected loss, change in one's support network, and the potential for impaired coping mechanisms, this may be another factor that, if identified and understood better, could further help therapists understand and connect with clients who have lost a family member due to a homicide.

Mediation with Murderer

Perhaps one of the most surprising revelations while interacting with the participants was one participant's desire to personally engage with the person who committed the murder of her aunt. This process was referred to as "mediation" and the professed purpose of this meeting was to express questions that the homicide survivor had internalized over a great length of time and that only the murderer could answer (e.g. why). It may be interesting to note that Ginger was the only participant who was present during the murder and she was the only person who brought up an interest in potentially having mediation with the murderer. Further, she appeared quite passionate about what her hopes of mediation might bring to her own piece of mind:

Ginger: ...[O]ne of the reasons I would like to consider doing the mediation with him, is because I would like to know [why he murdered my aunt]. Even if he doesn't have an answer, then I want to know that he doesn't have an answer...[a]nd I want to know why he didn't shoot me when he very well could have? I mean right after he shot her he could have shot me, especially when I turned around and he put the gun to my head and told me he would, but he didn't.... I was watching, on Oprah last week. I normally don't even watch her show, I just happened to be flipping through the channels, and saw that they were doing a special on people confronting their perpetrators. It caught my eye, and so I sat down to watch it. There was a lady on there who was talking about how she confronted the person who murdered her father, and how up until that point in time before she did that she had lived her life in fear, kind of the way I do. It

sounded like everything that she was saying [was coming out of] my brain and saying everything that I feel. She said that after she confronted him, she felt so much more free and she didn't live with that fear anymore. I thought ever since I saw that show, I thought, "Well that is it. That is my ticket. That is the key that is going to unlock the door for me. It worked for her, maybe it can work for me. Maybe that will... set all my fears free and make them go away." I know they won't go away completely, but maybe I won't be so obsessed with always being scared of when [I am going to be victimized again]. So that is what I would hope to get out of it. Peace of mind and maybe freedom a little bit. Just to see for myself that this is just a person that is not a scary monster out of a horror movie that is invincible and bullet proof and can do anything to anybody, which is the way I see him now. He is the scariest person in the world to me. So maybe if I just see that it is just another person, who did something extremely stupid, that I won't be so scared of him. He won't have that control over my mind, that he has always had.

Although Ginger was the only person who expressed this interest, through my peripheral involvement with the Parents of Murdered Children, a number of people had made statements in which they had participated in mediation or knew of someone that had participated in mediation. It may be beneficial in the future to interview those who had engaged in mediation to see if it was beneficial in the short- and long-term. Alternatively, it may be beneficial to conduct a pre- and post- interview with a person who was going through mediation to investigate whether their self-described needs and questions were meaningfully addressed.

The Preferred Child Was Murdered

Another phenomena that was surprising to me was the frankness that some parents had when discussing the feelings that they had for their murdered child as well as those who were still living. On more than one occasion, mothers (and only mothers) discussed how they had lost their preferred child and how they struggled with the knowledge that they found it more difficult to be as close to the other child(ren):

Janie: I can't even imagine how [my other son] feels 'cause I mean when he, when [my son] first died – when he was murdered, I mean he used to cry so much, he couldn't sleep. Stay up all night with the TV on and crying. I'd go to bed with him, hug him. Try to be strong for him but – you know, to get him over – over that initial period, see if he'd be okay. For over a year he just kicked himself. And eventually he told me he said, “Mom you don't have to sleep here anymore, I'll be okay.” But you know I'm worried about him but – it's like. Like I don't feel as close to him as I did with my [other] son. And I *should* because he is the younger one.

Annette: (The ethnographer asked about her relationship with her living child) What about 'em? One's going to prison, the one that she died in his arms. He just turned to drugs and started taking things that don't belong to him...I'm having to struggle with that too because he's traumatized from what happened to his sister 'cause they were very, very close. And instead of him...trying to make his life better after seeing his sister [killed], he just got worse. But I made the mistake of telling him that I blamed him for [my daughter's] death. Not because he pulled trigger, but because he was there at that house getting high with that boy. And I think that hurt him a lot to hear that come from me – after what he been through.

Both of these participants spoke frankly about the loss of a preferred child and the different relationship that they had after the murder. While Janie was honest in her desire to have a stronger relationship with her existing son, Annette appeared to have relegated her son as a lost cause. Is it possible that when a preferred child is murdered that the remaining child(ren) are either subconsciously or overtly blamed? It is noteworthy that both of these mothers were Hispanic; does ethnicity play a factor? It may be interesting to investigate mother's of murdered children to see if this is a universal sentiment across ethnic lines and to study whether the child who was murdered had always been the preferred child.

Participants Who Do Not Identify with Groups

One of the difficulties of studying a group that has not been studied well in the past is that participant recruitment can be difficult, especially in outgroups that have been stigmatized like homicide survivors. I imagine that many of those who support people who belong to these kinds of outgroups are naturally defensive and protective of those who would want to interview them. As a therapist, I identify with these concerns.

As a researcher, I feel more torn. One of the benefits of research is to give voice to outgroups, such as homicide survivors, in ways that they would not otherwise have access to. With the help of those who interact with homicide survivors, such as Victim Service Coordinators, future research may be able to identify those who may not be as comfortable being a part of a support group or talking about their experiences, thoughts, and feelings at all. Additional research could be conducted by giving future participants the ability to either be interviewed or take part in autobiographical research.

Autobiographical research is frequently used with persons who may not be as comfortable being interviewed and allows them to recount and catalogue their story at their own pace and limit the topics which are shared.

Linguistic Analysis Programs

Another area for future research is to include the independent analysis of the data by utilizing a heuristic linguistic analysis program, such as James W. Pennebaker, Roger J. Booth, and Martha E. Francis' Linguistic Inquiry and Word Count program. This type of software can be utilized to find deeper meaning into participant's cognitive and emotional states. This kind of software may represent a unique way to seek deeper

insight into participant's statements by not only analyzing the content of their statements but by also investigating the words that they utilize to share that content.

Conclusion

After I began to conduct a literature search for this project, I was stunned at the lack of research that had been conducted with or about homicide survivors. There is a respectable accumulation of research on other common forms of trauma (e.g. war, rape, suicide, etc.) yet homicide has been largely ignored. From my perspective it is unconscionable that this phenomena has not been better studied and it would be indefensible for this trend to continue. The level of distress and the isolating nature of murder require that more structured and thorough research be conducted in the future. Thirty years ago few therapists or researchers understood or *cared* to understand cultural sensitivity and training. Today cultural awareness is considered to be a cornerstone of ethical interaction with clients. I hope that thirty years from now there will be a better understanding of the tribulations that homicide survivors experience and that there is empirical support for interventions practitioners can utilize with their clients.

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APPENDIX A
DEMOGRAPHIC INFORMATION FORM

Name: _____

Home Address: _____

E-mail Address: _____

Is E-Mail Address: Your Personal Account
 Shared with Another Person

Preferred Contact Phone Number: _____

Best Time to Contact at this Number: _____

Preferred Form of Communication: E-mail
 Phone

Preferred Pseudonym: _____

Relationship to Murdered Loved One: _____

1. Gender

Male: ____

Female: ____

2. Age

Current Age: ____

Your Age When Family Member Was Murdered: ____

Family Member's Age When Murdered: ____

Year Family Member Was Murdered: ____

3. Marital Status

Single: ____

Married/Partnered: ____

Divorced/Separated: ____

Widow/Widower: ____

3a. Marital Status When Homicide Occurred:

Single: ____

Married/Partnered: ____

Divorced/Separated: ____

Widow/Widower: ____

4. What is your race/ethnicity? _____

5. Education Level

No High School Diploma or GED: ____

High School Diploma or GED: ____

Technical Degree/Certification: ____ Type: _____

B.A. or B.S.: ____

M.A. or M.S.: ____

Ed.D. or Ph.D.: ____

Other: _____

6. Current Occupation: _____

7. Occupation When Homicide Occurred: _____

8. What is your religious or spiritual affiliation? _____

9. If you have lost more than one family member or close associate to a homicide (i.e. friend, colleague, acquaintance, etc.), please list their relationship to you below:

a. _____**b.** _____**c.** _____**d.** _____

Please feel free to share and/or attach any information that you feel would be helpful in chronicling your story. Some may wish to share biographies, pictures, creative tasks, etc. of themselves and/or their murdered loved one that may or may not be discussed in

the interview. If you choose this is your opportunity to share something unique about yourself and/or the relationship you had with your loved one. **All attempts will be made to return these items but I cannot guarantee that they will be returned in the same condition that you shared them; you may wish to make copies of original items (if appropriate) for their safekeeping.**

APPENDIX B

CONSENT FORM

**MURDER, MAYHEM, & MOURNING:
A QUALITATIVE STUDY OF THE EXPERIENCES, REACTIONS,
AND COPING MECHANISMS OF HOMICIDE SURVIVORS**

You and 11-14 other individuals are being asked to participate in research conducted by Clint Quisenberry to investigate the experiences and reactions of persons who have lost loved ones in a homicide. The objective of this study is to better understand how the loss of a loved one through murder affects family members in the short- and long-term. The results of this study will inform counselors working with homicide survivors, that is, persons who have lost an immediate family member (defined as a parent, child, sibling, or spouse/partner) who was murdered, so that they might better understand the stressors, perceptions, and reactions that are unique to this group.

In the first part of the study, you will be independently interviewed. If you consent to participate you will be asked to arrange a time to meet with Clint Quisenberry in order to discuss your unique experiences. If you consent to participate in this study, you will be asked to set aside approximately three (3) hours for your initial interview. Additionally you will be asked to review transcripts of that interview and any subsequent revisions based on changes that you may make to that document. Although most, if not all, contact after the initial interview will be written (i.e. via e-mail or the postal service) it is possible that additional meetings may be necessary after the initial interview and it will be the responsibility of Clint Quisenberry to contact you and arrange such appointments if they become necessary. If you consent to participate in this study it is preferred that your initial interview take place in-person; you may select the time and location in which the two of you will meet.

In the second part of the study, you will be invited to participate in a follow-up discussion group following the interview. The discussion group is elective and *not* required in order to participate in the first part of this study. If you choose to participate in this group, the researcher will keep all information shared within the group confidential and no identifying information will be used in any materials published as a result of the study. The researcher will also inform group members of the importance of confidentiality and will ask those who attend the group to make a commitment to keep identities and identifying information from the group confidential. However, since all members of the group must be depended on to maintain confidentiality, the researcher cannot guarantee the confidentiality of information shared in the discussion group.

If you choose to participate in this study, every effort will be made to publish your experiences, reactions, and narrative. You will be asked to review drafts of your narrative and experiences to ensure their accuracy. It is hoped that you will become an active collaborator in this endeavor, although this choice is ultimately yours to make. During the data collection process you may edit, alter, or remove any information that you provide during the interview(s).

Demographic information will be collected in this study. Any information that you individually provide to Clint Quisenberry during the course of your interview(s) will be kept confidential. This information will be coded with a pseudonym (of your choosing) and will not be associated with any information related to your true identity except in the broadest sense (for instance a bank teller might be reported as working within the finance industry) to protect your identity.

If you choose to participate in this study, no compensation is promised or will be forthcoming for your involvement.

If you choose to participate in this study, the interviews and group session will be audio taped for the purpose of ensuring accurate transcriptions. All audio tapes will be labeled with the aforementioned pseudonym and all persons discussed during the interview will be referred to by their respective pseudonyms for the duration of audio taping. Audio tapes will be securely stored in Clint Quisenberry's locked safe at his home until such time that they are transcribed. Clint Quisenberry and his transcriptionist will be the only persons who will have access to these tape recordings, the latter of which will only have access to the tape and the transcription for the duration of the transcription process. Audio tapes will be destroyed immediately following their transcription.

If you choose to participate in this study, you will be asked to review transcripts of our initial interview(s) as well as your narrative of your experiences as a homicide survivor. The most convenient way to facilitate this exchange is through e-mail, but e-mail carries some risks that you should be made aware of. E-mail may not be considered a secure method of transmitting information. This is especially true if you share an e-mail account with other individuals. Communication through the United States Postal Service can be arranged if you either have no e-mail address or if you would prefer a more secure method of exchanging documentation.

While the risks of participating in this study are minimal, reflecting on and answering some of the questions could make you feel anxious, uncomfortable or cause some mental anguish. You may refuse to answer any question at any time. If you would like to be referred to a mental health professional, you may contact Clint Quisenberry's dissertation chair, Dr. Linda Castillo, a licensed psychologist, who may assist you in this endeavor. Alternatively, a page is attached listing references where you may seek more information regarding mental health referrals. If you choose to seek psychological

assistance, you are solely responsible for any costs that are involved throughout that process.

This research study has been reviewed and approved by the Institutional Review Board – Human Subjects in Research, Texas A&M University. For research related problems or questions regarding subjects' rights, you may contact the Institutional Review Board through Ms. Angelia Raines, Director of Research Compliance, Office of Vice President for Research at (979) 847-9362 (araines@vprmail.tamu.edu).

If you have any questions about this study you are encouraged to ask them until you are satisfied with their answers. By signing below, you are indicating that you are voluntarily participating in this study. You may withdraw your consent at any time and discontinue participation without penalty for any reason. If you choose to withdraw from the study, all data that has been collected with you will be destroyed and all information gathered will not be a part of the final analysis. If you decide to participate you are free to refuse to answer any of the questions that may make you feel uncomfortable. You will be given a copy of this consent form for your records.

If at any time you have questions about this research study, you may contact Clint Quisenberry or his advisor, Dr. Linda Castillo, at:

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By signing this document, you consent to participating in this study:

Name of Participant

Signature of Participant

Date

Psychological Referrals

1. Houston Psychological Association
P.O. Box 1945
Manhaca, TX 78652
(713) 621-0131
<http://www.hpaonline.org/> (look on left side for “Psychological Referral)

If you have access to the internet, this site lists all persons associated with the Houston Psychological Association and you can search for a specific type of counselor (such as a therapist in the Bellaire area who specializes in trauma for instance). This list is not an exhaustive list of all psychologists in the Houston area but it is a convenient resource. At the very bottom of the options you may search for participants who offer a flexible fee if you do not have insurance.

2. Samaritan Center for Counseling and Education
17555 El Camino Real
Houston, TX 77058
(281) 480-7554
<http://www.samaritanhouston.org>

The Samaritan Center has 20 offices in the Greater Houston area and offers insurance coverage as well as a sliding fee scale for those without insurance (fees are determined by the family’s gross income and total number of dependents). The Samaritan Center is a faith-based (Christian) counseling center, meaning that they “recogniz[e] that the body, mind and spirit are interrelated [and] help people grow toward mental health.” This may be an attractive option to some and less attractive to others.

APPENDIX C

NONDISCLOSURE OF PROPRIETARY INFORMATION AGREEMENT

**MURDER, MAYHEM, & MOURNING:
A QUALITATIVE STUDY OF THE EXPERIENCES, REACTIONS,
AND COPING MECHANISMS OF HOMICIDE SURVIVORS**

I, _____, (hereafter Transcriptionist) have been requested to contract work for Clint Quisenberry as a transcriptionist. I understand that, in the course of my contract with Clint Quisenberry, I may be given confidential material to transcribe. I also understand that information that may be shared with me during my contract may be otherwise considered proprietary. By execution of this document, I agree to treat all such information in a confidential manner during and after my contract with Clint Quisenberry ends in perpetuity.

1. All tapes that will be transcribed will be labeled with a name, date, and number which will correspond to the total number of tapes for each specified name.
2. During the time that Transcriptionist is in possession of these tapes, I will either be in the process of transcribing the data or I will have them in a locked facility as described below:

3. No copies or facsimiles of the tapes may be made at any time for any reason.
4. I will take appropriate precautions to prevent disclosure to third parties, including the public, of proprietary information meeting the above requirements and/or procurement of sensitive information.
5. While I have possession of the transcriptions they will be password protected at all times.
6. Upon completion of each transcription, I will give the original tapes back to Clint Quisenberry and give him copies of the password-protected files.
7. I will keep copies of all transcriptions for a total of one (1) month after the last transcription has been made. At that time, all copies, facsimiles, and backups are to be deleted.
8. Transcriptionist is expressly forbidden to discuss the nature of the contract, the content of the tapes, or the identity of the parties to anyone other than Clint Quisenberry.
9. I will not be required to treat as proprietary or Business Sensitive any information which is:
 - a. In the public domain,
 - b. Known by me prior to the time I am given access to the information by the information provider,

- c. Rightfully received by me from a third party without restriction on disclosure, or
- d. Required to be disclosed by law.

With intent to be bound by this agreement, I have executed it on the date indicated below.

Name of Transcriptionist

Signature of Transcriptionist

Date

Signature of Principal Investigator

Date

APPENDIX D

INTERVIEW QUESTIONS

The following questions are designed to assist you in the process of recounting the loss of your loved one. Although it is hoped that you will be able to comment on each of the questions below, it is ***not*** designed to be used as limiting criteria for the interview(s) that will be conducted. These questions are designed to be a ‘spring board’ which may assist you in recalling information that may have occurred a long time ago. You should feel free to elaborate on anything prior to or after the loss that ***you*** feel is relevant.

1. What was your relationship like with your loved one prior to their death?
 - a. Were there any ongoing issues that caused major difficulty in the relationship (e.g. money, children, etc)?
 - b. What was your last interaction like with your loved one?
2. Describe how you initially became aware of the murder of your loved one.
 - a. What were your immediate reactions after you were notified of the homicide of your loved one?
 - b. What were the first few days after notification like for you?
 - c. How did the loss affect your lifestyle?
 - d. How does it continue to affect your life?
 - e. How have you changed?
3. What was your support system (e.g. family and friends) like prior to your loss?

- a. What changed in these relationships after the homicide of your loved one?
 - b. What did people do that helped you through this process?
 - c. What did people do that hurt you during this process?
4. Was the person(s) responsible for the murder of your loved one ever arrested?
 - a. What effect has this had on you and the healing process?
 - b. If you know of the person(s) responsible, what happened to them in the legal system (in criminal and/or civil court)?
5. What helped you the most since the murder of your loved one?
 - a. What coping mechanisms have you used (e.g. prayer, work, etc.)?
 - b. Did you participate in activities that were more helpful during the first year?
 - c. Did you participate in activities that were more damaging during this time?
 - d. Did you do anything that, on reflection, you regret or felt was harmful that was a direct result of the homicide?
6. Did you seek counseling at some point after your loss?
 - a. What was your experience like?
 - b. What was the most helpful aspect of counseling?
 - c. What was the most harmful aspect of counseling?
 - d. What is the most important thing for counselors to understand with loved ones of homicide victims?

7. Did you seek peer group assistance at some point after the death of your loved one? (e.g. Compassionate Friends, Parents of Murdered Children, or other support group that was made up of other homicide survivors)
 - a. What was that experience like?
 - b. What was the most helpful aspect of the group environment?
 - c. What was the most difficult aspect of the group environment?
8. Did it feel as if the loss of your loved one via homicide differed from other losses you have experienced? If so, how?
9. Do you have any other family and/or friends that have been murdered?
 - a. If so, did this happen prior to or after the loss of your loved one?
 - b. How has this affected you?

APPENDIX E

DATA UNITS FOR RESEARCH QUESTION 1

What was your relationship like with your loved one prior to their death?

1. *Good:*

Anne: I would consider it was a good relationship, [although] we had our ups and downs...at the time of his death, we were pretty close.

Annette: Our relationship was close. We were close and we would laugh and we would dance together. She cooked, she cleaned, she washed. And I taught her all of that when since she was about eight or nine years old...basically I taught her to be a responsible person and how to clean house; normal things. She did a lot more that a lot of fifteen-year-olds did. But she was really good at everything.

Clark: Well, we were kinda up and down. Like I said, him and I bumped heads a lot cause we were so much alike. When, right before he was murdered we got pretty close, hung out together and everything, we were with each other a lot driving back and forth, and I think [my son] respected my opinion a lot, you know. Anything with his gun, he always asked me about it, you know. To get my feelings toward stuff going on. He, uh, was opinionated himself. He was hardheaded.

Ginger: [My aunt] was very close to me. We were very close. She was like a second mother to me. I was like a daughter to her and [Walker], and even though they lived almost an hour away I went and visited with them as often as I could, you know. Weekends all the time they would come get me. So we were pretty close. We were very close.

Janie: We were quite close. Like I said he took at least one day out of the week to make sure we went out to eat. Go take a drive, go antiquing, or garage sales or, resale shops or whatever, 'cause we both liked the same things. Uhh – I think I was really closer to him than my other children. Even my daughter, I think. Maybe it's because of the relationship, 'cause he was so little [premature baby] and – we went through so many things with him, maybe I feel especially close to him [because of that]. And because of the type of personality he had, he was always *giving* and not asking much.

Jennifer: We had a good relationship...she was very, very strong, one of the strongest people that I've ever known.

Laurie: [Spoke in affectionate terms about being her grandparent's caregiver and how she "owed them for so much"]. I would rather have them here and have to take care of them, than not have them at all. It wasn't a nuisance to me. It didn't bother me.

Lalo: Our relationship was actually pretty good towards the end, but we were concerned with... I voice how concerned with what I felt were his addictions (to prescription medications) were getting the best of him. Also he would go off on cocaine binges as well. That would worry me too. He would get a monthly disability check around twenty-one to twenty-two hundred dollars and he would use it up pretty quick within the week, binging on coke or pills. He would have the last three weeks of the month, where he asked people for help. I wasn't very responsive with that. I just wouldn't help him out with that.

Pola: We had a good relationship, a good relationship...he was overprotective of me and he informed me of everything. He would consider me in a lot of important things in his life, and he and I trusted each other a great deal. I would tell him a lot of things that I couldn't tell almost anyone else, sometimes not even my husband, so we had a super good relationship, always.

Sera: Well we were close. For some reason we [had always] been close. I always liked him. I wish I could say he was a perfect child. But he wasn't, [and] I don't care. He was mine and I love him. He was a work in progress. There is no telling what he could have been later on. He had the compassion.

Walker: Can't ask for a better relationship. We didn't have any problems. Only – maybe once a month when – the moon was in the position that [*chuckles*] it gets into and a lot of times she'd be snapping and I'd say "Where in the hell'd that come from?" She says, "Just look at the damn calendar!" But, you know, we-we really *worked* through a lot of those details and...'cause I remember we'd lay in bed talking [and one of us would] say "Man, you know, all of our friends have so many of these problems and we just don't seem to have the problems – are we gonna have the major problem down the road, you know, is all this building up to some big crescendo that – is really gonna be something? You know, we're just getting along too well! Maybe we should fight more!" [*Chuckles*] But we never – you know, *minor* stuff, you know but mostly it was the – the timing was more of a problem than anything else. You know, and like I said, I just-I couldn't of asked for a better relationship.

2. *Difficult:*

Zoe: Tumultuous....we were really close [when he was growing up]. He had problems in school we couldn't isolate whether he was talented and gifted program and should have been in *that* program or something else. At that time it

just – teachers didn't know. And – he got in trouble – when he was – thirteen, [or] fourteen. Then he started to steal from me. I started to notice – with eyes and everything, you'd think he was on drugs. But Kenny being the type of person he was, he'd been selling the drugs, rather than taking the drugs....[The relationship began to become better after] I had a stroke.

3. *Typical Interpersonal Conflicts:*

Lalo: Drug use would be the one thing that always concerned not only me, but the rest of my family. It did really concern me. He would ask my mother for money and she would know what it was for – more drugs. So she was kind of frustrated with him as well. It was the same thing every month. Anywhere between the 7th or 9th day of the month he would already be asking for [more money from the family].

Anne: Like I said he would say, “Momma give me twenty 'till payday.” And I'm still waiting for that payday, but uh – no, not really, I can't say. Nothing.

Annette: ...I mean it's just normal behavior – if she didn't do something I asked her to do, then I would get on to her.... She was a good girl. I think she was the best, you know.

Clark: ...[If he needed money] he would ask me, or I would volunteer, you know. I just...disagreed with him not saving anything and making that much money, you know?

Laurie: Not really. Well, my dad's gambling. Because when he would lose all his money he would get mad at my mom. And then I would get mad at him, and tell him it wasn't her fault he spent all his money because of his problem. Then he would get mad at me. Then I would leave upset and I would come back and he would try to do something little so that I wouldn't be mad at him anymore.

Sera: ...I just wanted him to get a job. We didn't argue over it or anything. I would just say, “What is your plan's for tomorrow?”....He was a work in progress. There is no telling what he could have been later on. He had the compassion, the feelings.”

4. *Last Interaction Good:*

Anne: The last night I seen him [breaking] was on a Thursday night. His daddy [was] not in real good health. And [my son] come [sic] by that night, he was going to dinner with a friend of his. She wasn't letting him see the little boy – uh – he come by the house that night, and the —I remember the *last* words he said

to me was “Momma, I love you. Take care of my daddy. I’ll see you tomorrow.” I’m still waiting for that tomorrow ‘cause it hadn’t got here yet. I don’t remember what I told him. I’m hoping I told him I loved him when he walked out the door but we were busy, I was taking care of his daddy and – my daughter was there with the kids—you know, just a normal day.

Annette: [I last saw her] the morning that she was killed...when she kissed me on the head [and told me] that she was going to school.

Janie: The last time I saw him he was kinda happy...He wished [my husband and I] to have a good time [on our vacation]. And he told his dad to take care of mom. That was the last time.

Laurie: I opened the door and my mom was sitting on the couch at the edge, and my dad was in the kitchen scratching a lottery ticket. He says, “I just won fifty dollars on the lottery ticket.” [Mom] would have little accidents and she had to wear depends. I told mom, “You want to take a shower?” She says, “No, I am watching the TV.” I said, “Well what are you watching?” “Oh it’s a Spanish program about a man – he is going to sing or something.” So I sat on the other side of her and [I was watching TV] with her. When the show was over I asked mom again, “You want to take a shower.” “Yeah let’s go ahead. Let’s take a shower.” Dad says, “I’ll be right back, I’m going to go to the store [to cash] my ticket.” His fifty dollar lottery ticket. He left and I showered mom. I was brushing her hair when my brother calls from Iraq. I think I called my son and told him, “I will be there in about ten minutes okay.” He goes, “Alright.” I sat there with my mom and I noticed her nails are really long. I told her, “Mom when I come back I will cut your nails” and she said “Yeah don’t worry about it.” “And your medication as soon as I come back.” So as I am walking out the door, they always blessed me. “I will be back for lunch okay. I will be back in a little bit.” “Okay be careful.” So I left.

Lalo: ...we were at my mom’s game room and he was just laughing and having a good time. He was in there with a female companion and they were having a good time. I don’t know I just felt happy that... to see him in such a good mood. It was different with [my brother]. Some days he was in a good mood, others he would be... like that last time I seen him he was in a really good mood...everybody was laughing in the game room. We hung out that night. I had to go to work the next day so I told him goodbye and shook his hand. He told me he would see me later. That was the last I saw him.

Pola: The last time that I saw him was the morning he was murdered. We ate breakfast in the morning but hastily because [my husband] needed to leave for [work] and my son sometimes went to help him. So we ate breakfast hastily and [they] left. It was late, it was noon and I told my son, “You two should leave, it’s

late” [and my son said], “No, no, we’re leaving soon.” He was like a madman looking for a book. [As] they left ...I looked out the window and thought to myself “Good God, I hope that they aren’t in an accident. [My husband is] driving fast, he’s in a hurry”. That’s what I thought and, “God, please take care of them, don’t let anything bad happen to them.”

Sera: ...he was joking around with the baby. When I brought the baby in, he goes, “Lets see what she dressed him in today.” That was the age of Nike. He had little red Nikes. [my son] loved red shoes. This little boy had little red Nike. He can’t walk, but he has little red Nikes.

Walker: The last time that I saw her was in the evening light – when the sun was just setting and it was that orange glow that made everything just so – warm and peaceful and I was watching her and watching her talk and – not even really paying attention to what she was saying but just – talking to myself, telling myself I am so *lucky* to be with a woman like this – and how often do people have this chance? I know people who been through, who’ve gone all their life and never had a good relationship, not like the one we had. And it was ironic that that was the last thought I had of her when I left. That was the last time I would see her alive.

Ginger: Our day started out very well...I was in the bedroom, in her bedroom, putting on make-up, fixing my hair and whatever, and she was in the bathroom, you know doing the same thing. And you know she had the bathroom door open, and I was just kind of going back and forth from the kitchen...we sat down and were watching Golden Girls on TV. And at that point, we heard a real loud noise come outside the house. And uh, really didn’t think too much of it. And [my aunt] says “That must be the coons. They’re hungry. I didn’t put any leftovers out for them last night.” And she said “Let me go see.” And I just stayed, stayed right there in the middle of the living room watching the Golden Girls, didn’t think anything, you know, nothing big deal. And she walked on out and uh, I heard, you know, I could hear her footsteps going down the stairs, and all of a sudden it sounded like she tripped and fell. I mean it just sounded like “ka-doon-dun doonk” you know down the stairs. And I was like “What the in the hell?” you know? And I went and peeked out the window, and looked down and I could see [my aunt], um walking up the stairs doubled over.

5. *Cannot Recall Last Interaction:*

Zoe: I can’t recall.

Clark: I...I really don’t even remember. I really don’t...[It had been] maybe a week and a half.

6. *Not Good:*

Jennifer: ...she was being real ugly to me and throwing things at me and I told [her daughter and her daughter's partner, who later murdered her] to get out. I said, you know, I got to be strong ...and make sure that they both know they're not gonna run over me.

APPENDIX F

DATA UNITS FOR RESEARCH QUESTION 2

Describe how you initially became aware of the murder of your loved one.

1. I was there:

Ginger: And there was a man next to [my aunt] walking her up [the stairs]. And I thought “Oh my God. Poor [my aunt], she must have fallen down the stairs and I guess there was a guy outside and he saw her, and he’s trying to help her up the stairs.” And right about that time I heard her call my name. And she said my name three times and kind of pausing every time she said it. I didn’t really know what that meant or what to think, so I just kind of sat on the couch waiting for her, for her to come up on the porch. And her and the guy walked across the porch, and walked up to the sliding glass doors. And I noticed she was still doubled over, and appeared as if maybe she had been punched in the stomach and was in pain, but he had a mask on. And he had gun directly pointed at her head, and at that time the glass door was only cracked open about this much. And I’m thinking he just didn’t want to take his hand off the gun, and they were just basically sitting there waiting for me to come open the door. And I just remember looking up and seeing that and thinking “Oh my god! What is going on?” you know? And just really in shock. And she kind of looked up like, I-I don’t really know what the look on her face meant, but it was, she was obviously in shock herself. So I went over, I opened the door, and um that’s when he, you know, started...uh, he, told us to get down on the floor both of us. And so we were in the living room, and we both did. We got down on the floor, laid down on the rug; you know side-by-side. So we both get down on the ground, I mean on the rug in the living room, and I wasn’t trying to look. I was just so much in shock, I was just like staring at the floor...[and] kept thinking, “God uh, can you make me disappear and reappear somewhere else. I don’t want to be here right now. Get me out of this situation, right now! I don’t want to deal with this, you know, this is not happening.” [I also] remember staring at the floor thinking like, “This is not even happening. You know, this is not cool.” And [my aunt] was being a little argumentative with him, I could tell, and resisting him. And he said “Get on the floor!” I jumped on the floor, and didn’t move, and it seemed she really was doing that. I guess she was trying to protect me, but she just wasn’t giving into his every whim. And you know he kind of had to force her to get on the floor and shut up. I said “I just want you to take whatever you want. My purse is on the table, there’s not more than a little bit, a few dollars in there probably, but whatever is in my purse, you can have. Take it.” And [my aunt] said the same thing...it seemed like he hesitated for a minute and thought about it. And then he told us to get up. So we got up and then he walked us and he grabbed us both by

the back of our necks and he was walking us from behind. So I don't know where the gun was, because I really couldn't see. I guess he might have still been able to have it in one hand, but he took us both by the necks, and he, you know, just like forced us into the [bed]room. When we got in the room, he threw us on the bed, and we both landed on the bed side by side [perpendicular to the way you would sleep]. So we got down on the bed, and I heard some rustling around like I don't know what. I was just staring at the wall. [My aunt] knew that there was a gun on the headboard, that [Walker] had taught her to use, and it was right there on the headboard. She went for the gun. She went to grab for the gun, and I'm not sure, I'm assuming that he saw her do it. But I think she had tried to hide it under her stomach, because that's where it was when I found her. So anyways we are sitting there laying, and I looked over at her one last time, the last, you know, the last time, when she was actually alive, that would be the last time I actually looked at her. And she looked at me and then we both just looked back to the wall. And then the next thing I heard was a noise that was... I mean we were shoulder to shoulder, and the next thing I know, I mean I can see from my peripheral vision her head, and I heard just this screaming loud pop, that was deafening and my ears were just ringing. And it was just so loud to me that I just remember thinking that he had hit her over the head with the lamp that was right there on the head board. It was just so loud that it was almost quiet, you know, almost. But when it happened, I could see her from the side, her head kind of jolted and she grunted really loud. And then I thought, "Oh my god, this guy just knocked her on the head with a lamp, knocked her out. Oh my god!" So as soon as I heard the noise...I turned around and he put the gun right back in my face and he said, "Turn around you fucking bitch or I'll fucking shoot you!" And I was like, "Sorry, I'm sorry, I'm sorry!" And I told him, I kept saying, "I'm so sorry, okay, okay!" I turned around, and I'm staring at the wall again. And then that was it. I heard him running across the floor. You know, I was just basically relying on my [hearing]. I heard the glass door swing open...I heard him run across the porch, and down the stairs. And I did not hear any more noise after that. So I knew for sure that he was gone, because I could, I would have heard if he came back up. So I got up, I ran, and I looked out that side window again, that overlooked the stairs, and I saw him running across the yard, and over the foot bridge. So I was like, "Okay! He's gone!" I was just thinking, like, a million miles an hour, just running all over the house. I went outside locked the door, you know, closed the sliding glass door and locked it. I closed the blinds. I went all around the windows. I was locking all the windows, and shutting all the blinds. And then I thought, "Oh my god, [my aunt] hasn't even gotten up yet." And I just mainly wanted to make sure the premises were secure basically first. And I went back in there to her and she was still there face down on the bed. And I was thinking, "Oh my god, he knocked her out. She's unconscious. I've maybe got to do CPR on her." So I went and I didn't notice the wound on the back of her head initially because she has dark thick hair like me. I didn't notice it. So I just, she was all her, dead weight literally, she was heavy for me, I was only

fourteen years old, and I tried to drag her off the bed, and I finally got her on the ground, on the floor. And that's when, you know, her eyes, her sad eyes just look -- they were just staring up at me, and I was just like, I was touching her face. And I just kept saying, "[my aunt] are you okay, are you alive?" And I was just like, "Oh my god I don't know what just happened." And I'm just in here talking to her, and I'm like, "Can you hear me?" I was like, "Okay I need to give her CPR." And so I propped her up, and I thought, "Come on you were taught this in high school, come on, I can remember." And when I went to open her mouth her teeth were gritted so hard together, I literally with all my adrenaline rushing, could not pry her mouth open. I mean they were just clenched. So I thought, "Okay I can't get her mouth open, I'm just going to have to do what I can anyways." So I went ahead and started blowing in her mouth and started doing presses on her and everything. And I stopped to see if there was a reaction, and the only reaction that I got was probably that I shouldn't have done that, because everything inside, just started bubbling and gurgling, and then blood just started coming out. Like her mouth, and her nose, and her eyes, and her ears. It just started coming out all over. And that's when I realized, she did not get hit on the head with a lamp. Then I looked at my hand, and I noticed it was covered in blood. So I was like, "Oh my god, she is dead." And it finally donned on me that she was dead. And I was just like, I was in, I mean, so much shock. I wasn't crying, I was just like (makes a whirring noise) my [mind was going a] million miles an hour. So I like, 'I got to call 911 right fucking now!' So I get up, and I um, I first couldn't find the phone. It took me about ten minutes to find the phone...it was kind of dark, about six-thirtyish, you know, getting a little dark. Finally I find a cord on the ground. And I'm like, "If I follow the cord, I'll find the phone.' So I follow the cord all the way to the phone, and I find the phone. I'm like 911. "Doo-doo-doot" (phone noise) We're sorry this service is not available in your area." And I was like, 'Okay maybe I dialed the wrong number.' So I hung up and tried to dial it again, you know 9-1-1. I got the same recording, and operator saying 911 was not available in the area. And I was like, 'You've got to be kidding me. I don't need' So I looked on the phone, and I noticed they had the police on their speed dial. So I was like, 'There we go!' So I called the police, and I was like, "Yeah, I am at my aunt and uncle's house, and he's is not here and some man just came in and shot my aunt. And she is dead." And they were like, "What? Slow down, What? Your uncle shot your grandma?" And I was like, "No! No! It was my aunt!" And I'm sitting there trying to tell them over and over, and they finally get. They had like three to four people on the line trying to figure out what I was saying, and I was speaking clearly. And they were like, "Ma'am, are you sure she is dead?" And at this point I had crawled into a corner of the living room, but I could still see [my aunt] on the floor where I had place her. And they were like, "Ma'am are your sure your aunt is dead?" And I was like, "Yes. I am sure she is dead." And they were like, "Where is your uncle, do you think he did this?" And I said, "No! My uncle didn't do this. It wasn't my uncle; it was like a young, tall skinny kid. I know

who my uncle is!" And he was under a lot of suspicion for a while, even though I knew clearly [he had not done it]. Okay a 6'5", tall, skinny, young, sixteen year old kid, that's not my uncle. So anyways they were asking, "Where well are you at?" I'm like, "I don't know. I'm in the woods." (Laughs.) "I know there is a grocery store called Simmons, and there is a church nearby. That's all I can tell you. I don't know the freeway numbers. I don't know the county road numbers. I don't know anything." And they were like, someone actually knew where Simmons was, they were like, "I know about where she's at, but don't know exactly where." And then I said something about, "I'm at the [family name] residence. My uncle is [Walker]." And then someone on the phone says, "Oh I know him. I know exactly where she is. I know that guy; I know exactly where he lives." And that's how they first initially even found... but it took, I would say it was about a good forty-five minutes to an hour. It may not have been that long, but it was about that long I think, before someone actually found me. Before they were able to get help to me. [During that time] they didn't let me get off the phone. I stayed in the corner sitting next to a speaker. I just curled up in the corner and stayed on the phone, and tried to go over this story with them, and tell them everything that had happened, without confusing them more than they already were. That's it I just stayed on the phone the whole time. I was, I kept getting up and looking out the blinds, because I was terrified that he would come back. That was my biggest fear. I was like, "Please hurry up! Get someone here now. If this guy comes back he can get through these doors. I mean they are locked but he can get through them, he's got a freaking gun." I was like, "Please, just get someone here. Find me. Do what you got to do, just get me help." They just kept me on the phone. If it wouldn't have been for that, I don't know what I would have done. I probably would have just hid under the bed and never come out. (Laughs) I really don't know. And so the cops finally came. And I was sitting on the porch outside, because the cops had been there for a good while with me, before [Walker] got back. And I had already just kind of been settling down, and realized everything that had just happened. And I was starting to get upset. And I just remember thinking, "Oh god, poor [Walker]. When he gets home, he's fixing to get the shock of his life." I was just so scared for him to come home, and I was just dreading it. I knew it couldn't be avoided; he was going to have to know. Anyways, we were sitting outside on the stairs, and I was sitting there with the detective and there was cops everywhere. They were finger printing and dusting. And they had not moved [my aunt] yet, she was still there where I had placed her. And I saw [Walker] walking across the footbridge, with a brown bag with groceries. I was thinking, 'Oh shit. Here we go.' He comes walking across, and he comes right up to the porch, and the place is just crawling with cops and lights and everything else, looked like a circus. So he walks up and goes, "What's going on, the roads blocked up there. I heard someone got killed. Took me a long time to get home, I had to find me an alternate route to come home" or something along that effect. And the cop said, "Sir we need you to come inside." And he saw me sitting on the porch and he was like, "[Ginger],

what's going on?" And I was like, I didn't say anything. I knew that if I opened my mouth, it was going to be nothing but tears that would come out. So I couldn't speak. And the cop walks him up the stairs, and I followed behind. And we went in the living room, and at that point they had kind of closed the bedroom door a little bit and they said, "This girl here says she is your niece, and she says she was here by herself with her aunt. And she says that a man came up here and shot, who is apparently your wife. And we need you to verify that this is your wife." And it was something along those lines. I was sitting there on the couch, and I saw them open the door. And poor [Walker], he dropped his bag of groceries, and just fell back in to the door jam. I mean he just fell down complete. And then he was like, "Oh shit!" I mean that was the first thing he said. He was like, "Oh Shit!" And I was like, 'Oh my god.' And so that was when he came over to me. He was like, "W-what happened?" And I was like, "I don't know. Some guy, he came up here, and we offered him everything, and he just shot her. Shot her! I tried to help her and it didn't [work], she was dead!" You know, and that was it. That was the end of that night.

2. *I found them:*

Laurie: [I came back to the house after running errands]. So I turned the knob and I opened it and I was putting the food on the table and I looked because there was nobody there. I looked and...my mom's bed [and noticed it was] on this side. I had brushed my mom's hair [that morning] all the way back with a braid, and her hair was like puffy. And her head was turned. She had the beginning of Alzheimer's, so she would do stuff sometimes [where] if I would do her hair up, sometimes she would do it down. So I thought maybe she had taken it off. So I went walking to the kitchen and I said, "Dad, what did mom do to her hair?" The back door was open. I said, "Dad!?" He didn't answer. That's strange. So I walked a little further and before you go in the bathroom, there is a little room with the washer and dryer, and I saw his feet. I mean his shoes were like up like when you are lying down. I said, "Oh my god! DAD!" He had blood running here. He was lying on the floor with his head kind of tilted up against the door. I said, "Oh my god. Who did this to you dad?" As soon as I turned I don't know... I don't know... people might think I was crazy. I feel like I was lifted. I didn't feel I was there anymore. I don't know if it was the shock. I felt like I was not even walking, like I was flying in the air. I was taken to my Mom's bed and when I looked at her in the face she was black. I mean my mom is light[-colored]. She is white. She [now looked] black. Literally the color dark black. This black was all of her face. [ed. – she was describing the bruising on her mother's face].

Clark: [We] went in there, and they [had beaten] [my son], kicked him, pistol whipped him, made him open his gun safe, took his guns. Then they shot him in the head. And that's the way we found him when we walked in the door. We

found him on the floor. (Pause ~20 seconds with sighing.) I go over to the house next door, and my wife runs out of the house screaming. I got one of the guys to call 911.

3. *Friend Told Me:*

Sera: Got a phone call from A friend of my son's while he was at the police station. Said, "Beverly, [my son]'s been shot. They have taken him to Ben Taub." And that is when we went down there and spent the night there at the hospital waiting and waiting and waiting.

Annette: ...I called the house around seven-thirty. And nobody answered at the house and I said, okay well I'll just call Julie's house 'cause she's probably over there. About seven-thirty-five I figure, I called at Julie's house. And her mother answers, like, hysterically. You know, [*Annette*] you gotta get home! And I go, "Why? What's going on? And she says, "It's [your daughter]." And I said, "What about [my daughter]?" She said, "[Your daughter]'s been shot!" And I said, "You're lying." I said, "You're *LYING*!" And she says, "You need to get here right away." She didn't say anything else. So I got kinda nervous I said well maybe [my daughter] was probably shot in the arm or in the leg, or something, you know, maybe she's *hurt*, but okay. So I tried to dial my mother's phone number and I couldn't, I couldn't even remember her number. I tried to dial my *sister's* number. I couldn't even dial anybody's number until *finally* I kinda like took a deep breath and I said, "Okay [*Annette*] you know, calm down, and dial mom's number." So I dialed my mother's number and I told her what had what had happened...and it was like I wanted to cry but I couldn't because things were just going through my mind. As we turn on, on the street I see the ambulance lights like far away. So we park in the landlord's – driveway and I just ran and I felt like my legs were so *heavy* that I was running in slow motion but the manager of the apartments where I lived at she said I was hauling butt. That I was running so fast that she didn't even recognize me, you know? And I just went under the tape and the cops stopped me and I figured she's in the ambulance. And nobody's telling me anything and I asked one of the cops, one of the sheriff deputies and I asked him I go, "Where is my daughter?" And they say, "Well who is your daughter", and I said, "[Daughter's name]. Where is my daughter? Is she okay? So one of the other Hispanic cops just says, "No she's not okay she's dead." I just fell to the ground.

4. *Family Told Me:*

Lalo - My uncle had called me at work and he didn't lead up to it or anything. He just told me, "Hey, they found [my brother]'s body." I was in disbelief. Then I asked him for some more details and he told me where the crime scene was and that was all he knew.

Anne - I was sitting there at the kitchen table [and my husband received a phone call]. And I heard my husband say, "Oh my god!" I said, "What's wrong?" and he said "Come on let's go, [our son has] been shot." And I said "Is he okay?" And he just said, "Come on, let's go." I got to the wreck, I got to the trailer park where it happened at, and my husband made me sit in the car, and he walked by there and in my mind, I'm thinking "Okay, they're going to take him the hospital, they're gonna take him to the hospital, I've gotta get in touch with his sister to meet me at the hospital because I was supposed to go to Clearlake and pick the kids up."...And I kept waiting for the ambulance to leave, I kept waiting for the ambulance to leave. And the ambulance never left. And then I finally realized what – that my baby was dead.

5. *Police Informed Me:*

Janie: Well we were contacted by the police the day they found his body. But I already knew something had happened to him. I knew it since Sunday, 'cause they found his body on Wednesday, since Sunday that something was wrong. And by Tuesday I knew something was seriously wrong, 'cause I had a premonition about what had happened to him. So I had already knew that he was gone.

Walker - [A friend of mine that worked for the local police department] said, "[Walker], don't go upstairs." And as I was going up I could hear [Ginger] crying out my name. You know, there was no way I couldn't go up there. It was my house, I know it's a crime scene, I *guessed* it was a crime scene – didn't think about that, it dawned on me. I walked in there and I've never had so many people in my house, ever. There were so many police officers and everything, but all I could see was just movin' round but I could see her on the floor. *[Pause]* At that point, everything changed. Nothing was ever the same.

Pola - When the detectives came and told us that they were investigating a crime and when we asked about my son and they told us, "We've found the body."

APPENDIX G

DATA UNITS FOR RESEARCH QUESTION 3

What were your immediate reactions after you were notified of the homicide of your loved one?

1. *Anger/Rage:*

Sera - Well first thing is, you know you aren't going to see them smile, or laughing – you aren't going to see that anymore. I thought about when he left that day, kissing [his son] and messing up my hair, saying, "See you later Mom." And I was mad because I wasn't going to see him later, but I wasn't really mad at him. I was just mad, because I should have seen him later. I was never mad at [my son]. And I wasn't mad at God either. I was not mad at God, [but] I was mad at the situation at the boy, both boys [who killed my son]. It was, it was like, "Who died and made you god so that you could take my son and kill him?" They had no right to act like God, and say, "Okay. I think I am tired of you on earth, you got to get out of here."

Pola - My reaction at that moment when they told me that they had found my son's body was rage. Rage against that person that, that I don't know what motives they could have had to tamper with the life of another person, to feel like a god in that they are taking away someone's life....That was my reaction, rage...

2. *Desire for Revenge:*

Lalo - ...[G]oing through ideas of how we could make this right. Make this better, get even. We had to do something. Just couldn't do nothing. So what do you do? The murderers are already in jail. I don't know. It was definitely a moment when we weren't thinking clearly. We were lucky to have one of the members of our family there to tell us what to do and that we were thinking stupid. "We aren't killers. We don't kill people, we don't murder people. The killers are in jail. Let the system take care of them." That is what you got to do. You can't do eye-for-an-eye."

Anne - You want the truth? I wanted to get a gun and kill the son-of-a-bitch that killed my son. It's true. I wanted to kill him. And like my husband told the D.A., it's a good thing he didn't take his gun to the scene that day. Because we wouldn't be having a trial for [the perpetrator], we'd be having a trial for my husband. And he would have!...I wanted to *hit* him, I wanted to do *something*, you know. To hurt him. For him hurtin' my baby.

3. *Suicidal Ideation:*

Anne: Hell on earth. [I] had commitments that I had to handle. I went around in shock. I wasn't left alone....[which] was a good thing. 'Cause I never realized that my husband was such a light sleeper. But Friday night when we come back to the house [after the murder of my son], there was nobody there but just me and him. And I was at the kitchen table, and I *thought* he had [gone] to sleep in the recliner. Thought. And I'm sitting out and I've got all my pictures and everything out and I'm sitting there talking to him [crying]. That's all I got left is pictures and memories now. Don't have a warm body to hold. No. So I get up. I walk from my kitchen, into the bedroom. My husband kept his gun under the mattress. Pulled his gun out [and] was taking it out of the holster and [my husband] was behind me. Said "No honey, you can't do that." I wanted to be with him. Wanted to be wi—I *thought* at that time, if I'd done it, I'd be with him, and that's all I cared about at that time. I wanted to be with my baby....so after that episode, my husband didn't let me stay by myself very much, you know. I wanted to kill my – I wanted to end it. I didn't care [about] my daughter, my son – didn't care about them. I wanted to be with my baby.

4. *Distrust:*

Janie: Disbelief, anger. I mistrust, I guess against people around – we [still don't] know who had done this, we still don't know. So you don't know who to trust or who – it could be somebody here. Somebody we see all the time. So it's kinda like paranoia almost. Although I'm not scared for myself, 'cause like I said I'm not afraid to go out there and confront somebody, I'm really not [laughs]. It's just for my family, my kids, my other children, my grandchildren, you know. That would come into play. It's – disbelief. That something, you know, could happen. 'Cause you always, like my husband says, hear about it on the news and you always say well, you know, I feel sorry for those people they must be going through something but you never know until it hits home. Then it becomes a personal issue.

5. *The World Has Changed:*

Walker - I just knew everyth-everything was gonna be different, I mean *nothing* was gonna be the same ever again. You know, you just wanna believe, you don't wanna believe it, it's just gotta be a dream, I mean this-this *can't* be real. You know, I went on in there and stood over her, and I *knew* – *she* wasn't there, it was just a corpse there. [Ginger] was there, she called out my name as I was coming up the stairs [deep breath/cough] but, oh man, that's the hardest part to get through. Is you gotta bring up all those memories when you're trying to explain what you felt and what you saw, even though it was sixteen years ago, it coulda been last week.... Just don't know how I'm gonna get along without her.

6. *Crying:*

Jennifer - I can't explain it. It was like, this isn't really happening....I can remember, I kind of remember talking to a friend and I remember crying I said, "I won't ever *see* her again, I won't ever see her again." But during the next ...year I cried *a lot* during that first year.

7. *State of Shock:*

Lalo - I was – I kind of – I can't say I was in disbelief because it kind of made everything make sense, him not being seen or heard from. It made sense. My worst fear had come true, maybe he is dead somewhere. It was a real shock to me. I was actually well composed when they notified me. I was angry, but I wasn't trying to show any emotion at work. I just wanted to get away from it and be with my family. Even upon arriving at the crime scene I was still not showing any emotions. I was trying to stay strong for the family. Get them any information I could about what actually transpired there. So I just tried to keep all of my emotions in and be strong. I have two grand parents that raised me. You have my grandmother; she was the one grandparent that never showed emotion, she was strong. And my grand father was very emotional. If something happened that made him happy or sad or anything he would show emotion. He cried... I believe it was the day of my brother's funeral when it really all sunk in. I justified it to myself to let my emotions show, to let people know that I am just as much as an emotional wreck as you are. I don't want this shit to be happening. It was actually a turning point for me, because I had all that bottled up. I had it all bottled up. I wasn't – I wouldn't even cry at home when I was by myself. It happened and you have to move on. I wasn't showing anger. Emotions like that. I was trying to bottle everything up. Once it came out – I actually felt better. I didn't feel great. I still felt like crap, but I felt better.

Laurie - When I found them, I think I went into some sort of a shock, because I didn't feel I was there. It feels like a dream. It's like a dream like it's not happening, but as soon as – I think after I called 911 and I realized what I had seen I was going out the door and that was when I started pulling my hair and I felt like I was going crazy. That is what I felt. I was going crazy, because I was just running back and forth. All I would say was, "Oh my God! Oh my God!" That was it. I think I probably said it about oh fifty times. Probably. And... you feel it's not happening and then bad things come into your mind and you think, 'Oh my god! What are my brothers and sisters going to think?' It's your fault. You are supposed to be watching them. Everybody knows you take care of them. What if they are dead? What if they did kill them? What if they are really dead? And then when they come out and tell you they are gone, you go into shock and you don't even want to cry. You don't know... well I know maybe people do... I think some people don't know how to react. I just didn't want to believe it, I

think. I still pictured them in my mind they were alive. They were not gone. They can't be gone. I just left them and they were alive. I think it is a lot of mixed emotions.

Clark - When I first saw him laying in there, I thought maybe he'd had a problem and passed out or something, and I went over there and saw the blood and everything else. And my wife walked in behind me, and I looked over at her and I told her, "He's dead, he's been shot in the head." And she ran out screaming...and then I was kind of uh, in a transient state or something, you know, kind of walked through the rest of the day you know.

8. Depression.

Pola: [I] get depressed, there are days where I don't want to talk to no one, absolutely no one, I have no motivation for anything. I needed to complete 8 more hours of what it was that I was studying, massage therapy, and I no longer want to know anything about that, I am not motivated to work. A lot of people have told me and continue to tell me "how strong you are" and that gives me rage, that gives me rage for them to tell me that, rage because those people don't know what one is suffering.

9. Alone/No one understood.

Ginger: It was very *hard* and my grades slipped a lot....you know, you know the teacher is up there giving a lecture, and in my mind, ugh, you know I just kept going over everything that happened and thinking, "No one here knows what's going on in my mind right now. If they only knew the atrocity of what I had seen" you know. It's... I just felt like no one could relate and I felt really like an odd ball. I would space out sometimes and write notes to [my aunt]. Like in English class, or whatever, where we had our journals at, we were supposed to be taking notes on what the teacher was talking about and I'm sitting there writing, you know, a letter to her....[Most teachers gave me more latitude in class] except for this one teacher, and she just pulled me outside the classroom and just, I mean, reamed me. And I was like, "You don't understand! I just want to go home."

10. Disbelief.

Annette - You know, to be honest I wanted to hit the cop...but all I could [do] was just fall down to my knees. And just *pound* the street. [I kept thinking] “Not my baby” over and over and over – “take me instead, not her.” You know, all I could do was just scream for her. And they wouldn't let me go see her.

Ginger: I was just really... in shock and disbelief. I felt really numb, and I just didn't really believe what had happened. I knew that I wasn't dreaming. I knew I wasn't going to wake up and somebody was going to tell me that I had a bad dream. I knew it had really happened, but I couldn't process it at all. I mean I didn't even know where to begin. So... I think my body just kind of shut down, and I just didn't talk much, didn't say much. Just went kind of numb. Kind of froze.

Zoe - It was disbelief. [M]y worst fears had ... happened.

APPENDIX H

DATA UNITS FOR RESEARCH QUESTION 4

How did the loss affect your lifestyle?

1. *Positively:*

a. Romantic relationship better.

Zoe: It brought me closer to my husband. We were always close anyway, but just brought us closer together. It made me – I just realized that life is too precious, it's too short, and you have to take what you can – and run with it. It might not be there tomorrow.

b. More adventurous/risk taking.

Walker: Like I say, I've become a little more – I'm not sure, maybe adventurous, maybe, I'm not as so fearful of being involved in risk-taking events or danger...It wasn't soon after [her death] that I was in Amazon trekking with head hunters. Found out how to shrink heads [*chuckle*]. But you know, it didn't scare me...[my wife] was afraid to go to places like that because she was afraid it was dangerous. It's dangerous in your own *house*! She was killed in her own home!

c. More likely to share feelings with them.

Anne: Oh, one thing, I have a larger mouth than I used to have. [Laughing] I don't let people run over me like I used to. I've always been kind of a strong-willed person but I'm more now than I used to be. I do think differently as far as telling people I love 'em or I care for 'em. I do that differently.

d. Enjoy life while you can.

Lalo: It's just the sense of security and not being able to spend enough time with my family. We always feel like we have to be around each other and it's just trying to live through the day. Our motto used to be "save for the future, make sure we are prepared for the future." Now it's "we still save money, but it's also about now." You know what; we are going to take two vacations this year. We are going to spend this money, if you want to go to the casino and blow a thousand dollars, blow a thousand dollars, I don't care. You want to buy that, go ahead." Because I don't know I might not be here next year.

- e. I do things I know they would want me to do.

Zoe: I think of [my son] more than four to five times a day. I just carry on with doing the things that he would want, I *know* that he would want me to do. I go in to the colleges and speak about my son's murder. After [one] speech I gave, one girl in the class wrote this letter: *You are very brave. I appreciate you sharing your story. My life was on the same road as [your son's] not long ago and your story will make me stay on the right track. God bless you.* That makes it all worthwhile.

- f. More relaxed.

Zoe: Umm – [big pause] I think I've become – more mellow. Things that bothered me – big things – little things that used to bother me, somehow don't bother me at all. Nothing matters when dealing with the death of your son, or the death of your daughter, or the death of your parents. It's just – I think it's more so when they're a part of you.

2. *Negatively:*

- a. Anger/desire for revenge.

Annette: I'm looking, trying to get information in time to get a wrongful death civil suit. I don't know if I still can, if I'm still eligible to do that, against his parents because what I wanna do is ruin his credit. Ruin his life like he ruined mine. You know, to where he can't get anything – because of what he did. You know, I'm not gonna take his life. I just wanna ruin it, just like he ruined mine.

Janie: I guess the fact that you've got more anger and rage than other people would. Where you are angry sometimes when people die if they're sick or something...I think that's probably the most difficult thing. The fact you are angry at somebody. You might not know who, maybe yourself – I mean, maybe God. You know, sometimes you get angry at God. I think most of the time that's who we're gonna blame anyway. Because God allowed these people here. So you do get angry. I think anger is the most important component in this murder thing. I mean you're already dealing with the loss of your son or daughter. And then to be angry on top of it because you don't know why these people did it – why the hell did they do it? I mean, it doesn't make any sense. To do something [like that] – take somebody's life. It's an inconceivable [that] somebody could do that. But there's lots of evil people in the world that thrive on other people's pain. Physical or mental.

Janie: I think anger is the most important component in this murder thing. I mean you're already dealing with the loss of your son or daughter. And then to be

angry on top of it because you don't know why these people did it – why the hell did they do it? I mean, it doesn't make any sense. To do something [like that] – take somebody's life. It's an inconceivable [that] somebody could do that.

b. Everything harder/exhausted.

Annette: I can't even begin a relationship because all I think about is my [my daughter] and I guess if I were in a relationship then they'd get tired of hearing me cry for [my daughter]. That's why I say I just exist to exist, you know. And I don't wanna be alone anymore. I don't wanna be in this world anymore. I want everything to go back to the way it was. I've even got to where I don't – I'm a diabetic [and] I don't take my medicine. Since [my daughter] died, I haven't taken my medicine anymore. I don't hardly eat anymore. My heart is broke into a million pieces, and there's nothing in this world that's gonna mend it back together. Sometimes I need my mom but – I can't even come to her.

Clark: We don't do stuff like we used to, we don't go dancing, and you know, we don't do holidays very much good anymore. We'll go someplace for a while, like we went over to my cousin's, who's my godson, for Thanksgiving. We was over there and [my wife] just started getting moody and [we] came home about 5 o'clock.

Jennifer: I don't see anybody [anymore]. I had an active life, I saw my friends a lot, I went to church a lot. And even though I've gotten better, I don't socialize. Like I coulda gone somewhere on Thanksgiving, but I prefer to stay home.

c. Difficulty sleeping.

Laurie: It affected [me] in a lot of ways. To begin with, sleeping, I can't sleep. I have to take sleeping pills. And even [then] I think I sleep three hours at the most.

d. Family of origin more important at expense of nuclear family.

Lalo: I used to go to work, go home, do home projects. Do a lot of things, you know the right things to do. The typical things that a family man does. Nothing was ever in excess. Everything was very controlled. My life was – I thought I was happy. Since my brother's murder, I don't really care for schedules. I think everything needs to be spontaneous. If my mother calls and says, "Hey I am making ..." I don't consider what my plans are for then, I go. Sometimes my wife makes plans and I won't care. I'm like, "Sorry but I got to go..." and that is one example. I am always trying to be around my family and I don't think I can ever get enough of them...I feel like when my brother was around that she had something to do with me not wanting to hang out with him, and maybe that is not

a fact, but that is how I feel...I just think everything is about my family. Even though my wife is my family, she kept me away from my brother and that -- I don't know. That is just how I feel.

e. Fear/lack of trust.

Ginger: Well, it changed the way I did everything. I still to this day, live my life in fear. It changed my lifestyle, because I just have a different outlook on everything. I take everything a lot more seriously. Don't take anything for granted. Because of the things that we have had to do, like [being active in] victim's groups and things like that. It opened up my world to other people and meeting other people and having to really hear about a lot of victims and their stories, and not just from on the news, but to always know these people and meet them personally and to talk with them. You bring that into your life [and it affects you].

Pola: (Sighs) There was a complete change because I've been the type of person that, that didn't worry too much about seeing bad people...you no longer know who you can trust. Like I said it's an illness to not have faith in anyone because we can't trust anyone at all, like because we don't know who murdered my son, we can think that it's someone we know, and that known person may be physically close to us, because it would be dumb to think that someone who just saw him and that's it, they shot him...it's emotionally affected me a great deal [and] it calls into question everything, all laborious things and sometimes even spiritually because you begin to question even God on occasions...We are very disoriented, I feel very disoriented, I don't know what to tell them, you know "don't trust others, others are bad" but not everyone is bad? Or do we tell them that people are good but again not everyone is good? It is very complicated, it's complicated and difficult to go on and keeping yourself and at the same time your family afloat.

Lalo: We also don't feel very secure anymore in our lives. Sometimes we will be in our home or out [and] we all feel like there is danger lurking around the corners and everybody has to be prepared for that danger. That might mean making sure our burglary system is always turned on. We always keep our doors locked. That we always have to have a hand gun or shotgun with the vehicle that you're driving around in...what is weird about it though is sometimes you are really not in the right frame of mind hauling around that gun. If I were to drive by the murders' brother or their mother or uncle, and I am not in the right frame of mind and they don't know who I am, and they look at me wrong, what is to say that I am not going to pull over and shoot them and do something stupid? It is a very realistic possibility. But yeah security is the single biggest thing that has changed in our lifestyles.

Sera: I have very few close friends, because I don't really trust... I have a trust issue. I don't trust that people will do what they say they will do. I don't like being lied to. I don't lie to people, I don't expect them to lie to me, but they do. I get disappointed all the time.

f. Holidays are different.

Annette: I don't believe in celebrating Christmas anymore, celebrating New Year's – I don't care for them for now.

Janie: It's Christmas, not for me. [Pause; crying] I said we don't have any Christmas here. Christmas used to be a happy time. The holidays, Thanksgiving. Thanksgiving was my kids' favorite holiday. My son loved Thanksgiving. Time for family, we'd cook two or three turkeys, a ham, invite everybody, loved to eat, he loved to eat. Loved family. Thanksgiving. Last year I put a Christmas tree up because my other son bought it. That's the second year – I used to decorate the whole house at Christmas. They would help me put the lights up and everything. I don't have a single Christmas decoration. And the grandkids ask me if I'm gonna put a Christmas tree up, I say you got a Christmas tree at your house, you're gonna have Christmas at your house. I said Santa Clause is coming through that – skylight, I said, and he's gonna run to your house and leave you some presents over here. I said grandma don't have a Christmas tree here. [pause and deep, slow breath] Holidays are really depressing. But every day's hard. I figure if I can get up in the morning and – get up and make me some coffee and sit here and drink some coffee – I'm doing okay. Every day I get up.

g. Feel stuck.

Walker: Probably not a day not goes by that I don't think about it in some form or another. I mean it's difficult to explain to someone who's never had that happen to them. That one effect it does. It's not like [a] sickness or an accident. It's the choice of someone taking a life, [when] somebody steals something very precious. No one person could do any more harm to me than that. And not to mention [that's] just for *me*, just think of all the people she's affected. She's got brothers and sisters, aunts and uncles, a mother and father – and all of our friends. I mean, it's affected them just like it's affected me.

Janie: I miss – I just miss him every day. All hours of the day and night. Most nights I sleep till 2, 2:30 in the morning. And I think – that must have been the time he died [breaking down] between two and three o'clock – in the morning. 'Cause I wake up just like that, at that time. And it's been like that since before I knew they had found him...I think what he must have felt like. How scared he

was. How much he wanted to live. And how much – we will be missing from his life.

h. Life changed forever.

Anne: I kept waiting for my life to get back to normal – I found out that we have an abnormal-normal now. It's totally different. It'll never be the same, will *never* be the same. You might see the same people, you might talk to the same people, you might – fix the same meals, you might do everything but it'll never be the same, will never be the same. Like I said at the beginning, I had a match set, and my set's broken. It always will be.

i. Loss of faith in God.

Clark: Prior to [my son]'s death, on September the first '02, my mother passed away. And she was Ninety-three, so that was kind of bad. And then September the 11th, they had that stuff in New York City, and my son, my oldest boy, John, he lives up there. He, he uh, was thirteen blocks from where [the World Trade Center was destroyed]... And I think about 9/11 a lot, you know, I'm just thankful that my other son didn't get involved in that. I just don't understand how people get to be so crass and go out and make an excuse of religion and stuff. That's another thing, I'm still angry at God for letting this crap happen, you know? I don't go to church. A lot of people come up to me and start talking about giving yourself to God, and everything. I'm just not there. My wife has come across that a bit, but I don't know how long till, if ever it comes about. I don't even know that I believe in God anymore....I was raised a Catholic. I never was a bible thumper per se. When somebody said "goddamn" it would bother me, but it doesn't bother me anymore. Stuff like that, I just – blasphemy wasn't in me, I never said it myself. I have said it a number of times since [my son was killed], a lot of times. I don't understand how if there is a God, how he would let [it happen to my son] – not only to my son, but everybody else that this stuff happens. Just ain't right.

j. Hopelessness/meaninglessness.

Pola: One no longer has the desire to excel personally, laboriously, spiritually. Your desires end, all of it ends. And, if anyone within our family is feeling bad, none of our family can be considered to be completely fine, all of us have some conflict and this just brings even more conflict within us too.

k. Desire to die.

Annette: I'm mad at God because he took her, why did He give her to me in the first place if he was just gonna take her fifteen years later? I'll never understand

that and I even stopped going to church. I felt like nothing, nothing is gonna bring her back to me, the way I felt. I've suffered all my life – through four marriages – four kids – but she was my happiness, she was everything to me. And without her I just don't wanna live anymore, I just exist on this earth just to exist and – there's nothing anybody can do or change that.

Janie: I'm a nurse. I enjoy nursing, I've always enjoyed nursing. Since I was a kid, I knew that's what I wanted to do is take care of sick people. And I know there's a time in life when there's nothing else you can do and you ask God to please relieve the pain and let these people go on. Relieve the suffering. You know sometimes in life there's just suffering and it just goes on and on and on. And it's not physically pain, it's mental. Mental anguish. Despair. Sometimes death is preferable to having that type of pain. When my son died I thought, and I've never contemplating killing myself or, I've always thought about that but I thought if God would just let me drive off a bridge and die right there, I wouldn't care if I died or not. I'd just close my eyes and fall off the bridge down there and go into the water, I'd be okay. I feel like I haven't been a good mother to my other son. I try to but sometimes you just, you feel like you're all spent up. You don't have anything else to give. You've given everything.

l. Don't laugh anymore.

Pola: Well, I, I've changed in that I no longer have the desire to laugh. I'm the type of person, I've always been the talkative type, I'm the type that you never know if I'm joking or seriously speaking with you, always kidding around being facetious, facetious, always laughing and not taking things seriously and this is something that, I can't say that I'm not going to take this seriously.

m. Don't feel safe.

Ginger: I am just very careful, and cautious, and aware of my surroundings always. Like I said, I don't ever take my safety for granted, because I know that at any given moment anyone can march through the door and turn my whole world upside down. So I am just a very safe person. Very cautious. Very aware of my surroundings when I go out in public, or if I am at home. I just try to always be in a little bit of control of the situation, so that if it seems that at the last minute all this starts going really bad that I have a way out....Especially if I have my son with me. Even more so. I get really, really paranoid. ...Wherever we are at. The mall. I always am thinking, 'Okay if a crazy gunman comes walks in here right now and just starts open firing on everybody what am I going to do? Where am I going to go? Where am I going to put my son? What is my strategy going to be? Am I going to wait until there is an opportunity to get this guy close to me and try to punch him or kick him? Do I need to try to talk to him in a nice voice and try to be consoling and understanding to talk him out of what he is

about to do? Do I need to worry about running and hiding? Where are we going to hide? I see a table over there. There is a bookshelf over here. Is there anywhere I can go run and hide at least my... get my son out of the building?' An escape strategy. Always. Always try to have one.... Sometime, some days when I feel more unsafe than usual, and again for no particular reason. It's just some days, [like] if I have had a bad dream then the following night I might want to take a knife, a butcher knife, out of my block and put it on my nightstand.

n. Need to distract self.

Clark: I try to, I try to keep [my wife] busy. You know, when I'm here by myself, I'll do stuff too to keep me busy. For a while there I was working as a host for model homes. I got a cousin that's a sales person there, he called me up and asked me if I wanted to do it. You know, I wasn't making enough to see any money, I was just making enough to compensate for driving back and forth and stuff like that, but it gave me something to do for two and a half days a week. Just staying in this house, it just closes in on you some. Before it wouldn't have bothered me.

o. Don't enjoy anything.

Annette: [big pause] I think I stay to myself more. Don't wanna be bothered with anything. I don't do anything exciting. My life is a bore. Umm – I don't like to do anything, I don't like to go shopping, I don't like to grocery shop, I don't like to do *anything*. I just like to just – be on the couch watching TV.

3. *Existential concerns.*

a. Want to be a good person so I can see them in heaven.

Pola: [I]n my past I thought that I never wanted to die, I still have a lot of plans left to complete, now I don't care, now I say if someone murders me or if I get sick and die naturally I won't care because I'll go with my son. My son is there and he's waiting for me, so I'll go with him...

Sera: I have changed big time. Because I have this belief, some people don't, that [my son] might have actually gone to heaven. Well I kind of want to go and see him, when I do go. No I don't have a death wish and I am not planning on going anytime soon....I have not been a perfect person, so I know I am going to have to do some answering. This last part of my life here I may not have do so much answering if everything is the way it's supposed to be. So it's really it's got me thinking about the other side in life.

b. Event has put life in perspective.

Anne: [Pause] Uhh, I don't get as much accomplished as I used to. I had great plans, but I just can't, I don't seem to follow through with things I need to do. I don't let people walk over me, like I said before, that's one thing. [Pause] I look at life differently. I treasure the little things more than I used to. And I'm not talking about mandatory things, you know. Or tangible things, let me put it that way. I take more time. [For instance] I revel in seeing my daughter laugh. Uhh – seeing my son cook. [Pause] Uhh – being able to wake up in the morning....I'll take that extra minute when I talk to the kids on the phone, my other children, or I talk to somebody I love, I take that extra minute and say “hey, I love you.”

c. Live more in the moment

Pola: It has affected me a lot in that I no longer want to know what's going to take place tomorrow. I don't want to think of all the negative things that are going to take place tomorrow.

APPENDIX I

DATA UNITS FOR RESEARCH QUESTION 5

What changed in these relationships after the homicide of your loved one?

1. *Supportive Changes:*

a. Being Able to Talk with Others.

Walker: [It's important that other people can be able to talk about the murder because it] makes it all real, makes it all-put its all in perspective. 'Cause you've got to tell *somebody*, you can't keep it inside, I found that [if] you try to keep it inside – you pop a gasket somewhere. But I feel it's *very* important that you be able to express yourself and be able to talk to people.

Sera: They would talk about [my son] which was good. Now my little sister doesn't talk about [my son] because it hurts her. I am sorry, it hurts you? (Laughs.) But like I said, she is young. They didn't push. I don't – you don't need anybody to push you or give you a time frame. So nobody ever did that to me. And listening about [my son], because if you don't talk about him that will drive you crazy.

b. Friends and Family Supportive.

Anne: Just be there for me. [Big Pause] We didn't have insurance on [my son]. They took up – friends of ours just come and handed my husband checks and money and stuff like that. You know...the funeral home – where we had the funeral – the wife of the Funeral director had a flower shop – she said, “Anne what do want on the casket spray” and I said “Red roses,” 'cause...[my son] loved red roses. [She] said okay. She fixed us this casket spray of I bet you anywhere from – six to eight dozen roses, long-stemmed red roses. I mean it was *gorgeous*. So we go down to pay for the funeral – I'm looking over the bill, and I said Pat, where's the cost for the casket spray? She says that's from Jack and I to y'all. You know, just little different things like that. Going out and having a cigarette with me. Letting me cry. [Breaking] Just – you know, holding me, let me cry. That's all about you can do.

Pola: Well, they, friends, family, and neighbors helped us by coming over and waiting with us. A lot of people came, people that chose to worry about us, they were supporting us and we felt their support to be very sincere.

c. Others Remember Loss.

Laurie: Well like the people all around they haven't forgotten them. Like here, I will go to the post office and I will hear, "My prayers are always with you. I am always thinking about y'all." I go to the store, oh my god, "How are you doing?" They haven't forgotten. That helps a lot.

d. Not Alone (Other's Have Experienced Similar Loss).

Janie: Yeah, I had one of my younger son's [mother], her son was murdered. And she came to my house. [And a friend of my other son had been murdered] so that mother called me, and she came by the house and told me what a hard time she's having. But that helped me a lot, you know people that went through [similar events].

Jennifer: Well – the people at Families of Murdered Children...all kinda stick together and uphold one another.

Lalo: Well I will tell you, our support system, internal unit, we shut down everybody on the outside off. Everybody was shut off except for family. We were still having a hard time coping with it, however we met [the group]... Parents of Murdered Children... that particular group heard of our story and they came by and asked us if they would let them hold a meeting at our family restaurant. And we did that. We actually had the opportunity to sit in and see what they were about. We came to realize that we there were other people out there going through the same thing. That was, that was really different.

Walker: Mostly listening. People that'll listen.

e. Increased familial communication.

Lalo: Well [we] came to realize that all the little problems, the little family problems that we had communicating with each other or letting each other know how we really felt... we let them know. Stepping up and telling our family members that we knew they had a drug addiction or that they had problems with feelings or anything they had. I know he had a cocaine problem. I know it man. And just try to resolve it within our family.

2. *Unsupportive Changes:*

a. Social Isolation.

Ginger: Umm... Yeah I felt like before, um, you know, me and my cousin were pretty popular in school, and we had a lot of friends, and we were friends with the cheerleaders, and all the people on the dance team. We were really active, and had a lot of friends sit with us at lunch. And I kind of felt like after [the murder] everyone, you know, it's not that they didn't want to be my friend. I guess they just didn't know how. And a lot of people just kind of shied away.

Anne: The friends grew further away...Not of all of them, part of them. People didn't ask me to do things like they used to....you got friends that take two steps away from you, you know, 'cause they don't want that *disease* to jump over on them....Yeah, a lot of things changed. Friends you thought were friends [would] step back. You know, they they don't wanna get close to you because they thought, okay – your son was murdered – I have a son – you know, maybe my son'll be murdered.

Annette: I distanced myself for a few months from one friend that I've known for thirty years -- because she wasn't really there for me. She felt like she needed to be with her kids. And so that weekend right after [my daughter] died, she packed up her stuff and she went on the other side of town.

Janie: I think more estranged....I think people wanna put a boundary between somebody's that's been murdered.

Walker: Well it was a little different. I still have a lot of friends [and] family – but I think one thing that changed the most is that – I guess just people just started – *shying* away from me because they didn't wanna bring up anything that think might hurt me – and they just kind of avoided even talking about it or even – well they didn't wanna talk about it. A lot of 'em grew up apart. I think it's because...they may think it's painful for me. [T]hey just assume I forgot about it and moved on and got remarried and – they can go on happily ever after. I don't know, I think it's made them feel better than me.

b. Mom Avoided Discussing the Murder.

Ginger: She didn't... bring it up. She didn't like bringing it up. She didn't like me being around [Walker], because she felt like it was bad for me. It made me angry. It made me really angry at my mom, for just trying to pretend like nothing happened. She would always say, "Just we have got to get on with our lives. We have to forget about this. [Your aunt] was a great person, we will miss her. We love her dearly, but we have got to get past this. We just can't dwell on this and think about this."

c. Only Comfortable Around Family.

Lalo: We used to have...friends. You have your family and then you have your friends. And it hasn't been like that anymore. You just don't bring people that aren't from the family around. It just is like that. It makes other people uncomfortable and we know that.... I don't feel comfortable around your friends. I know you don't feel comfortable about our friends. Fuck our friends, it's just us. Everybody else... it's just us against the world. That is it. Nobody is going to take care of us but ourselves. That is how we are now. We don't trust anybody at all.

Walker: The only way I could really talk about it was going to like a group like Parents of Murdered Children. Or with [Ginger].

Pola: Yes, yes, we continued to be united and my brothers and sisters are always there for me, in any way possible and whenever I should need them, to talk to me, to accompany me, to be with me, to discuss and listen to things, however many times I should need it, be it 1,000 times or however many, to talk about my son, his murder or about those things that took place prior to his death, they are always.

d. Things that others said.

i. Murderer is a good but misled person/just get another wife.

Walker: [The Juvenile officer] was talking to this guy, she say "That's really too bad, poor kid needs a break, and he's...gonna have a rough life. Too bad he's got himself in this trouble" and [she talked] all about *him* [the defendant]. And they were sittin' damn near next to me. [The person sitting next to the woman asked me] "How long's it been anyway [since your wife was murdered]? And then I just said, you know, somethin' like 6 months, 2 weeks, 3 days, and so many hours because you *think* like that....And [the man] says "Ohh – I'm sorry to hear that, that's too bad." And then he says he was the minister in [the perpetrator's] church and that he was a good kid, he just got misled and all [I needed] to do is

getcha another wife! Man how can you even think that? I mean, you know, when a person's life [is taken], oh just getcha another one! Just like it was – well you wrecked your car, get another one! Some Christian.

ii. Murdered loved one must have done something to deserve it.

Janie: Hurtful different stuff like “He was probably hanging around the wrong people,” “he was probably selling drugs.” That he was hanging around with a . [laughs] bad girl, you know, probably a bad girl, that's what happened to him, you know? That his dad does drugs, that's why we have this house. That [my son was] involved [with] drugs, you know? Stuff like that.

iii. Felt blamed.

Pola: There was another thing that bothered me and it bothered me very much, it was something that another of my sister's said (pause, sigh), “I think [my son] was in a lot of problems but you two never questioned it. How is it possible that you two didn't notice?” And I felt as if she were blaming me and I got mad...

iv. God's will.

Walker: Most of them have been harmful, but they [seem] kinda misguided, I think, you know? Some ministers say, you know “Well God picks the prettiest bookcase for His, for His centerpiece,” or whatever like that, you know? Yeah right. (Chuckle) [Or] “She's in a better place.”

v. You have other children.

Anne: [When people] tell me stupid stuff like, “You got more children,” [or] “You had him twenty-six years” ...they don't think it's hurtful but it's hurtful to *you*.

vi. Mourning will interfere with loved one's final resting place.

Annette: You know, everybody tells me, “Oh don't cry for her because you're not gonna let her rest in peace.” That's bull. That's a Catholic thing, you know? You're not gonna let her soul rest. You're not let her her soul rest and she's not gonna be at peace, you know...sometimes I'll just be feeling like killing myself because I wanna be with her but I don't do it because I know if I commit suicide, I won't see her.

vii. Mourning is selfish.

Annette: Telling me I've having a pity party. Like – one time me and my sister – were having it out on the computer. We were chatting and she said that what really pissed [her] off was that...I was making it all about *me*. That I needed to stop thinking about *my* [loss] and stop thinking about me, me, me. You know, it happened to *me*. They took her away from *me*. How do you want me to feel? How do you want me to express myself? I didn't talk to my sister for a couple of months, and we're not as close as we used to be either.

viii. Get over it.

Ginger: Telling me that I needed to forget about it. Telling me I needed to forget about what happened. I wish I was able to do that. But it's just not possible. For people to say you need to forget about it and move on, you know, if it was that easy, believe me I would! I just didn't like being told to just forget about it, when you can't. You don't have any control over it, you just can't.

3. *Nothing changed.*

Zoe: [It was] about the same.

Clark: [The extended family has] always been close. I think it's basically the same as before.

APPENDIX J

DATA UNITS FOR RESEARCH QUESTION 6

What helped you the most since the murder of your loved one?

1. Being More Cautious.

Laurie: Being aware that there are bad people. I didn't think. I would go to the store and leave my purse in the basket and go away to another isle and get something. I will never do that again.

2. Reflecting on Loved One's Life.

Janie: All of the memories I've got, all the pictures. All the kisses and love we shared. All the times we went out to eat. All the times he took me drivin' in his car. My daughter's very good. My son, my husband is very supportive. And when I get real down, I'll go in my car and scream. I'll be driving down the road, just be screaming. [crying] I hear – a song [that reminds me of him], I'll cry.

3. Time.

Clark: (Pause ~10 seconds.) Well, I guess, time has helped some, because I've learned to not be so aggressive in everything like I was.

4. Creative Tasks.

Janie: One of his friends, some of his friends composed a song for him [and] they made it into a CD and they gave it to me. And I write poetry to him. I write, I journal my dreams, I write. When I'm angry I write and when I'm sad I write. And that's helped me.

Zoe: Well, I took up painting....I'm very active in the art society.

5. Spending More Time With Family.

Lalo: I think the thing that has helped the most is just being around family....We get together and reminisce a lot and just kind of try to do those things that we regretted not doing before the murders.

6. Working With Other Crime Victims (including Parents of Murdered Children).

Walker: Working with other crime victims. Helping them through the process.

Sera: I really think its Parents of Murdered Children [that has helped me the most]. I didn't go until six months after he had been murdered. But it seems like everyone in that room is feeling the same thing you are. Their heart is breaking. Everyone. You know you are not alone. It really does help to know that you aren't alone, even though every case is different.

Zoe: Being involved with PoMC.

Anne: Parents of Murdered Children.

Ginger: I would say the support groups. Even though I don't go often anymore, in the beginning I did go a lot. We would go every month. I would say the support groups were [helpful] because it was kind of like being home. You had a place where everyone has kind of the same feelings and comments. You don't feel like an outsider. It was nice, even though I didn't like the thing of introducing yourself, and I still don't today, [but I do enjoy] the mingling part I enjoy. That probably has been the most therapeutic thing that I was able to do.

Jennifer: The main thing that's helped me [has been Parents] of Murdered Children.

Pola: (Sighs) What has helped me the most, [was] the ability to speak with my family, the ability to talk, the support I feel from other mothers who are also victims, the ability to talk and cry, we talk to one another about our children and of the memories that we have of them.

7. Prayer.

Ginger: Prayer is my safe haven. When I am...scared I just pray. I pray, and I pray and I pray some more until I eventually fall asleep or feel safe.

Pola: Prayer, I've prayed a great deal, a great deal and when I am most hurt and upset I cry, pray, and that's the only thing that I do, ask God for strength.

Jennifer: So I've had to really depend on God. I think if it wasn't for my belief in the Lord Jesus Christ, I think I would kill myself...

8. Nothing.

Annette: Nothing really. I mean (pause) nothing. Nothing's helped. That I can think of off the bat....It's like it just happened yesterday.

APPENDIX K

DATA UNITS FOR RESEARCH QUESTION 7

Did you seek counseling at some point after your loss, and if so, what was your experience like?

1. *Yes.*

Walker: Oh yeah.

Ginger: Yeah.

Pola: Yes

2. *Yes, but call not returned (never began therapy).*

Zoe: Yes, I did seek counseling. Umm – and – the counselor didn't call me back. I called three times....I met her at a meeting. She was very interested, she said she would call me – and set up an appointment. I never heard from her.

3. *No.*

Janie: No.

Sera: No...I don't know how much it would have helped me, because I didn't do too bad on my own.

Lalo: No. No. Never. No.I didn't feel like they could help me with this.

Annette: I don't know why I didn't *pursue* it – I need counseling, but then again, what's it gonna do? It's not gonna bring her back. You know? It's like I'm sitting in that corner of the wall right there, and I'm seeing me go through all of this stuff [crying] and I don't know what to do about it. Sometimes I feel so uncomfortable in my own skin – that I wish I could jump out and then jump back in.

Clark: No.

Anne: Nope.

Jennifer: No.

Laurie: No.

4. *Nice to Talk to Someone But Did Not Feel Connected:*

Ginger: It was – I mean I felt – I liked the fact that someone was, you know, acknowledging what had happened and I was allowed and able to talk about it. Umm, maybe it was just the counselor herself. I didn't feel a real connection or anything to [them]... So I mean I was glad I was able to confront and talk about it, but I don't know if it's helped or not.

5. *Not Helpful:*

Walker: Pathetic....I went to a therapist at work, some kind of support group, you know, if you have any problems [that is] paid for by the company. So I went to there, I went to one of the group therapy meetings. There were people there with a girl breaking up with her boyfriend, and another one having little financial problems and it just seemed so out of place. You know, and then I would talk to the counselor, tell them my story and everything, and they'd just sit there and they'd just shake their head, *nothing* to offer. You know, give me some *tools* to work with, I mean, what am I doing wrong? Is it. . am I just going crazy or what? I knew I couldn't get anything from them. [So I continued] 'till the point where they say, well we think you need-we'll take you to a hospital, put you on some medication. I don't need *medication*....Okay then they gave me some Prozac and all that did was give me constipation. *[Laughs]*. I said well there's bound to be help because I'm really screwed up....I need somebody to give me some fucking clue. I was just...at the point of being really neurotic. I would *cry* every day.

Pola: ...I went to see two persons. [I]t didn't hurt me, nor did it help me. Above all else it was painful. Above all else it was painful with both of them. Above all else it was painful and I didn't feel that it was very helpful, to be frank about it I felt that it was a waste of my time.

6. *Most Helpful Aspect of Counseling:*

- a. Being Able to Get Things Of My Chest.

Ginger: The most helpful part of it was having a lot of time to acknowledge and talk about what had happened.

- b. Nothing.

Pola: Nothing, nothing was helpful.

Walker: I'll get back to you on that. [Laughing]

7. Most Harmful Aspect of Counseling?

a. Felt Need to Take Care of Therapist.

Walker: I think when I left, the counselor felt worse than I did because I'd tell the story...and...you could tell it really affected *them*.

b. Was Not Helpful But Not Harmful.

Pola: I went to see the psychologist, this took place a few days after they murdered my son and I talked about that. I told them that they murdered my son and that I didn't understand why and then I would cry and cry and then I would feel stupid because here I was sitting before a person who didn't know, who didn't understand, who can't comprehend [what I had been through]. Who's history it isn't? It's my story, so then I informed the psychologist, I told him, "Excuse me for what I am about to say but I feel rather stupid being here, that's how I feel". He then told me that he was glad that I was able to express myself rather than just not showing up, so that way he could try to understand what I was thinking and because the communication would increase. But, yes I did tell him, "I feel stupid and that I don't understand why I come here to cry when you aren't even my family." So this was good conversation because I then felt understood but I still can't say that he helped me.

c. Nothing.

Ginger: I would definitely...nothing was hurtful or damaging about it to me.

APPENDIX L

DATA UNITS FOR RESEARCH QUESTION 8

Did you seek peer group assistance at some point after the death of your loved one, and if so, what was your experience like?

1. *Yes, Parents of Murdered Children (PoMC):*

- a. Anne.
- b. Annette.
- c. Clark.
- d. Ginger.
- e. Janie.
- f. Jennifer.
- g. Lalo.
- h. Pola.
- i. Sera.
- j. Walker.
- k. Zoe.

2. *Good:*

- a. Feeling Safe.
 - i. Feeling Understood.

Pola: To share, to share with the other people, with those who are also victims of this crime.

Janie: Like I said, for *me* it has been helpful. My daughter enjoys it also – the fact that people have the same, you know, they're going through things that you're going through.

Clark: It...it eases my mind to know that people out there are trying to get people to help...victims. I think, I think the victims do need the help and like.

ii. Can speak openly without fear of burdening others.

Annette: Knowing that I can go to anybody there in that group – and if I need somebody to talk to they're there to listen. You know – I'll go—I haven't – done that because I don't wanna *burden* anybody...but knowing that they're there—they're there for you at any time you wanna talk or cry or rant and rave they're there and they've expressed that to me many of times.

iii. Supportive Environment.

Janie: Uhh to me it's a fairly good thing....I like it. 'Cause there are people that have the *same* [experiences] you have and nobody's judging you. Because some of their children were murdered because they were selling drugs or because they were – whatever they were doing. But you're not there to judge, you're there to take care of, you know. Listen to that person. And it didn't matter what those kids did.

Ginger: Every time I go, you know, it's easier...I can talk with a lot of these people now, you know like I have known them forever. Say just about anything, and I feel much more...a lot more comfortable [than when I initially joined].

Annette: Umm – it's been good. You know, I've met a lot of people that are very caring, and loving. And – we all share the same – feelings and the same situation – uhh we all have the same thing in common. Umm – and by hearing their stories.

iv. Made friends.

Zoe: I picked up a lot of new friends through Parents of Murdered Children. They always say it's – a terrible way to meet someone. But I picked up a buncha new relationships that way.

b. Becoming an Advocate for Change in Legislation.

Walker: [It got me involved in the legislative process] The judicial system, I guess working with people in the legislature make some changes. I've gone to Austin for some legislative agendas and I've seen some of...the ideas that [I] planted actually take hold. And they're now a part of the system. And that's rewarding.

c. Helping Others Distracts Me.

Anne: Being able to help other people...I tell people [to] call me. Well [sometimes they have reservations and] don't wanna call me, but I [tell them] you know I might need that phone call just as well as you need me to make that phone call...that's helped me more than anything.

Sera: Just helping the [other] people out.

Zoe: Knowing...I [can] just divert my energies into someone else [to help them].

d. Helping Others Helped Me.

Sera: It feels good when you actually help somebody and tell them something that they didn't know or help them to the next person that they need to talk to.

Lalo: They care about each other and they genuinely feel each other's loss...You are with friends right here, and it's just good. And they look out for each other. You will have a poor mother come and, "I had to sell my car for my son's funeral. He was murdered..." (and others will step in and say), "Well do you know about this law and we have these forms right here, we'll help you fill them out. "Do you have the receipt from the funeral home?" "Yeah I have the receipt." They reimburse for everything.

Walker: [When I first got involved] I started going to the meetings and talked to other people that have the same [kind of experiences and I realized]...I'm not as much different as anybody else [here]. And then I started getting involved in [various crime-victim programs] and then I started seeing some change in the system. Now a person commits a crime and they go to state prison for thirty-five, forty years, without ever seeing the light of day....I met a lot of good people I wish I hadn't met under the circumstances.

e. Educational/Networking.

Anne: It's been great. It's been a good experience. I went to my first POMC conference in 1999. And I come back such a total different person that my family told me, "You'll never miss another one mom." Because I went to workshops there that showed me that, hey, I'm not crazy. Because I thought for awhile that I was literally going crazy. All these stupid things that I thought that I was experiencing by myself. Hey, there's thousands of people that experience the same thing. So you're not crazy. I found out how to deal with my anger, which I thought I was never an angry person. Ooh did I find out I was angry! I learned how to deal with it. I learned how to deal with my husband...at my first conference. Every conference I go to I learn something different.

Pola: [T]hat it's good for learning, it teaches you everything...[A]nd this has been good, the group, because we've been able to meet [the ethnographer and Dr. Rivera], through that group we've been able to meet you two and also meet other persons who have been able to help us.

3. *Not Sure It Helps:*

Clark: ...and I don't know that Parents of Murdered Children has really helped me. You know, I get over there and I associate with the people, and I see them. I feel empathy for some of them. You know I wish I could say something that would help them sometimes. But, what, what verbiage can you use to help somebody who is in a situation like I'm in?.... I guess I am looking for something. I am looking for an out, and I don't know maybe this will help me, this between you and I, maybe it will help.

4. *Difficult:*

- a. Having to Belong (Due to Homicide).

Annette: The only difficult thing is – having to belong there.

- b. Hearing Other Member's Losses.

Lalo: Hearing about everybody else's loss. You know you have heard people talk about it and I don't know if it's because you are reflecting on your own experiences or it's just something... that triggers our pain in our own bodies when you hear it. Something triggers it. And your heart knots up and you just get overwhelmed. It's... it can be pretty painful.

Jennifer: Well, I guess the most difficult part, it hurts you to hear their statements, you know what's happened to them. I get where I just get involved, so involved and most you know, I almost think it's my child. And I, I suppose that that's the part—when you listen to their stories, you – you see how hurt they are and what they've gone through, what they're going through, you know – and you know that there's nothing they can do about it.

Sera: The babies. When you hear about the babies...(sighs) Like two years old. What can a two year old do that would make an adult mad enough to throw them up against the wall?

- c. Did not Feel Like They Were There For Me When I Needed Them.

Zoe: I told you when that happened [ed. – she made these comments off tape and did not want them specified]. It was just like...I had a big slap in the face. I had done a lot of work for POMC, and they weren't there emotionally for me.

- d. Others in the group mistakenly believe they understand how I feel about my loss.

Clark: And I talked to people that says, "I know how you feel..." But nobody knows how you feel, because everybody feels differently. I have... when I first started going to Parents of Murdered Children meetings, this one Mexican lady came up to me and she was talking to me. And she said, "It's going to be alright." And I said, "It's not going to be alright." She says, "Oh yeah it will." And I said, "Hell no! It is never going to be alright. It will never be alright." And she walked away, and she still goes to the meetings, and I don't think she has spoken to me since.

APPENDIX M

DATA UNITS FOR DISCOVERED THEME 1

Talking about homicide did not subjectively feel like a stressor.

1. *Experiences as Group Member:*

a. Positive.

Walker: The more others know about my wife, the more alive she is...talking about her makes her more real.

2. *Interview helped re-conceptualize loss:*

Zoe: I thought it was helpful because I had a dream with my son at a lake and we didn't argue or nothin', it was just peaceful sitting with him there.

3. *Interviewer being homicide survivor was helpful:*

Anne: It helped knowing that you had lost someone close to you. I felt more comfortable knowing that I didn't have to watch what I said or did during the interview.

Walker: Yeah, I felt the same way. I usually feel guarded when I talk about [my wife] but I didn't...didn't experience that with you.

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